

Case Number:	CM15-0014848		
Date Assigned:	02/02/2015	Date of Injury:	12/30/2013
Decision Date:	05/28/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female who sustained an industrial injury on 12/30/2013. Current diagnoses include myoligamentous cervical spine sprain/strain, rotator cuff tear-right shoulder, tendonitis and impingement syndrome-right shoulder, acromioclavicular joint arthritis-right shoulder, chronic myoligamentous lumbar spine sprain/strain, and disc protrusion with degenerative disc disease. Previous treatments included medication management, injections, and physical therapy. Report dated 09/02/2014 noted that the injured worker presented with complaints that included ongoing discomfort in the cervical spine, right shoulder, and lumbar spine. Physical examination was positive for abnormal findings. The treatment plan included surgical requests for right shoulder surgery and associated surgical services. Disputed treatments include pre-operative labs; random glucose test, pre-operative labs; hemoglobin A1c, and post-operative cold compression unit rental for 21 days, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ASSOCIATED SURGICAL SERVICES: Pre-Operative labs; random glucose test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines recommend random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. The injured worker does not have a family history of diabetes and the documentation does not indicate a high risk of undiagnosed diabetes mellitus. As such, the request for random glucose testing is not supported by guidelines and the request is not medically necessary.

ASSOCIATED SURGICAL SERVICES: Pre-Operative labs; hemoglobin A1c: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: The injured worker is not diabetic. ODG guidelines recommend hemoglobin A1c testing in patients with known diagnosed diabetes only if the results would change perioperative management. As such, the request for A1c testing is not supported and the request is not medically necessary.

ASSOCIATED SURGICAL SERVICES: Post-Operative cold compression unit rental for 21 days, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for 1 week. It reduces swelling, pain, inflammation, and need for narcotics after surgery. Use beyond 7 days is not recommended. With regard to cold compression therapy, ODG guidelines do not recommend it in the shoulder as there are no published studies. It may be an option for other body parts. The request as stated is for a 21 day rental of the cold compression therapy unit. As such, the request is not supported by guidelines and the request is not medically necessary.