

Case Number:	CM15-0120313		
Date Assigned:	06/30/2015	Date of Injury:	08/13/2014
Decision Date:	09/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old male, who sustained an industrial injury on 8/13/2014. Diagnoses include status post multiple trauma, status post open reduction internal fixation (ORIF) of sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8 and T9 spinous process fractures, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, right superior labral tear, and end stage osteoarthritis of the right shoulder. Treatment to date has included diagnostics, multiple surgical interventions and conservative care including medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported right shoulder pain. Physical examination of the back and lower extremities revealed tenderness I the midline from L3 to the sacrum and over the buttocks bilaterally. He walks without a limp, list or pelvic obliquity. Toe and heel walking are intact and neurologic exam of the lower extremities revealed no motor weakness or sensory loss. The plan of care included surgical intervention and authorization was requested for an arthroscopic capsular release right shoulder with labral debridement and removal of loose bodies with possible rotator cuff repair, possible cortisone injection, medical clearance, laboratory evaluation to include CBC, PT, PTT and INR, urinalysis, chest x-ray, electrocardiogram (EKG), postoperative physical therapy (12 visits), sling for the right shoulder, Percocet 10/325mg #40 with one refill, and a cold therapy unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Prothrombin time (PT), 05/28/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing, Sharma, MD, G.K, <http://emedicine.medscape.com/article/285191-overview> National Guideline Clearinghouse Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*, 2012 Mar; 116(3): 522-38.

Decision rationale: The injured worker sustained a work related injury on 8/13/2014 . The medical records provided indicate the diagnosis of status post multiple trauma, status post open reduction internal fixation (ORIF) of sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8 and T9 spinous process fractures, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, right superior labral tear, and end stage osteoarthritis of the right shoulder. Treatment to date has included multiple surgical interventions and conservative care including medications and physical therapy. The medical records provided for review do not indicate a medical necessity for Associated surgical service: Prothrombin time (PT), 05/28/15 order. The MTUS and The Official Disability Guidelines are silent on medical clearance and preoperative testing. However, Medscape and the National Guidelines Clearinghouse do not recommend routine testing for bleeding or coagulation tests in individuals without a history of bleeding disorders, renal dysfunction, liver dysfunction.

Associated surgical service: Partial thromboplastin time (PTT) per 05/28/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing, Sharma, MD, G. K, <http://emedicine.medscape.com/article/285191-overview>, National Guideline Clearinghouse, Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: The injured worker sustained a work related injury on 8/13/2014. The medical records provided indicate the diagnosis of status post multiple trauma, status post open reduction internal fixation (ORIF) of sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8 and T9 spinous process fractures, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, right superior labral tear, and end stage osteoarthritis of the right shoulder. Treatment to date has included multiple surgical interventions and conservative care including medications and physical therapy. The medical records provided for review do not indicate a medical necessity for Partial thromboplastin time (PTT) per 05/28/15 order. The MTUS and The Official Disability Guidelines are silent on medical clearance and preoperative testing. However, Medscape and the National Guidelines Clearinghouse do not recommend routine testing for bleeding or coagulation tests in individuals without a history of bleeding disorders, renal dysfunction, and liver dysfunction. Therefore, this

request is not medically necessary.

Associated surgical service: international normalized ratio (INR), per 05/28/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing, Sharma, MD,G. K, <http://emedicine.medscape.com/article/285191-overview> National Guideline Clearinghouse, Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation, Anesthesiology. 2012 Mar; 116(3):522-38.

Decision rationale: The injured worker sustained a work related injury on 8/13/2014. The medical records provided indicate the diagnosis of status post multiple trauma, status post open reduction internal fixation (ORIF) of sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8 and T9 spinous process fractures, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, right superior labral tear, and end stage osteoarthritis of the right shoulder. Treatment to date has included multiple surgical interventions and conservative care including medications and physical therapy. The medical records provided for review do not indicate a medical necessity for associated surgical service: international normalized ratio (INR), per 05/28/15 order. The MTUS and The Official Disability Guidelines are silent on medical clearance and preoperative testing. However, Medscape and the National Guidelines Clearinghouse do not recommend routine testing for bleeding or coagulation tests in individuals without a history of bleeding disorders, renal dysfunction, and liver dysfunction. Therefore, this request is not medically necessary.

Associated surgical service: medical clearance, per 05/28/15 order: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/15), Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMC: National Library of Medicine, preoperative evaluation and preparation for anesthesia and surgery <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464262/>.

Decision rationale: The injured worker sustained a work related injury on 8/13/2014. The medical records provided indicate the diagnosis of status post multiple trauma, status post open reduction internal fixation (ORIF) of sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8 and T9 spinous process fractures, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, right superior labral tear, and end stage osteoarthritis of the right shoulder. Treatment to date has included multiple surgical interventions and conservative care including medications and physical therapy. The medical records provided for review do indicate a medical necessity for associated surgical service: medical clearance, per 05/28/15 order. The MTUS and Official Disability Guidelines are silent on preoperative medical clearance. It is considered as a standard of care to refer for

medical clearance to avoid mortality or increased surgical morbidity. A Zambouri, in an article entitled, "Preoperative evaluation and preparation for anesthesia and surgery" states that "The ultimate goals of preoperative medical assessment are to reduce the patient's surgical and anesthetic perioperative morbidity or mortality, and to return him to desirable functioning as quickly as possible. It is imperative to realize that "perioperative" risk is multifactorial and a function of the preoperative medical condition of the patient, the invasiveness of the surgical procedure and the type of anesthetic administered. A history and physical examination, focusing on risk factors for cardiac and pulmonary complications and a determination of the patient's functional capacity, are essential to any preoperative evaluation. Laboratory investigations should be ordered only when indicated by the patient's medical status, drug therapy, or the nature of the proposed procedure and not on a routine basis. Persons without concomitant medical problems may need little more than a quick medical review." It is medically necessary and appropriate to have the injured worker undergo medical clearance before surgery.

Associated surgical service: cold therapy unit, right shoulder, per 05/28/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/04/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The injured worker sustained a work related injury on 8/13/2014. The medical records provided indicate the diagnosis of status post multiple trauma, status post open reduction internal fixation (ORIF) of sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8 and T9 spinous process fractures, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, right superior labral tear, and end stage osteoarthritis of the right shoulder. Treatment to date has included multiple surgical interventions and conservative care including medications and physical therapy. The medical records provided for review do not indicate a medical necessity for associated surgical service: cold therapy unit, right shoulder, per 05/28/15 order. The MTUS is silent on this, but the Official Disability Guidelines states, recommends 7- day use as an option after surgery, but not for non-surgical treatment. Continuous-flow cryotherapy units are known to decrease pain, inflammation, swelling, and narcotic usage in the post-surgical period. The requested treatment is not medically necessary since it lacks details on expected duration of treatment.