

<b>Case Number:</b>	CM15-0123249		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Montana, Oregon, Idaho  
 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:

This 49 year old female sustained an industrial injury on 11/03/13. She subsequently reported left shoulder pain. Diagnoses include strain/ sprain, radiculitis/ radiculopathy to the cervical and lumbar spine, mid back strain/ sprain and left shoulder strain/ sprain and acromioclavicular osteoarthritis. Treatments to date include nerve conduction and MRI testing, shoulder surgery, physical therapy and prescription medications. The injured worker continues to experience left shoulder pain. Upon examination, left shoulder range of motion is reduced. Cervical spine range of motion is reduced. There is positive Spurling's test bilaterally and positive foraminal compression test. Lumbar spine range of motion is reduced. Straight leg raise test is positive. There is tenderness to palpation over the lumbar paraspinal musculature. A request for Pre-op Labs PT, PTT, INR, pre-op urinalysis, associated surgical service: Continuous passive motion unit and Associated surgical service: Cervical collar was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op Labs PT, PTT, INR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, preoperative testing general.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. In this case the documentation indicates that the worker is a 49 year old female without any documented evidence of coagulopathy or taking anticoagulants. Therefore, the request for pre-operative PT, PTT and INR is not medically necessary

**Pre-op Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, preoperative testing general.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The worker is indicated for a shoulder manipulation under anesthesia which does not meet these criteria. Therefore the request for preoperative urinalysis is not medically necessary.

**Associated surgical service: Continuous passive motion unit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter.

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. There is evidence preoperatively of adhesive capsulitis in the exam note of 4/27/15 as evidenced by significantly decreased ranges of motion in all plains of motion. The worker was

status post left shoulder arthroscopy on 10/25/14 and had 12 authorized physical therapy visits. In this case the worker has demonstrated failure of non-operative treatment of adhesive capsulitis for greater than 6 months and therefore the determination is the request for shoulder CPM is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service: Cervical collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities. In this case, the work injury occurred on 11/03/13 and the exam note from 4/27/2015 does not demonstrate an acute neck sprain or strain. Therefore, the request for cervical collar is not medically necessary.