

Case Number:	CM15-0145659		
Date Assigned:	08/06/2015	Date of Injury:	11/03/2008
Decision Date:	10/13/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 51-year-old female, with a reported date of injury of 11-03-2008. The diagnoses include right shoulder pain, spasm of muscle, and recurrent dislocation of the right shoulder. Treatments and evaluation to date have included Cyclobenzaprine, Pennsaid, Norco (caused headaches), Naprosyn (failed), Vicodin (failed), Cymbalta (caused nausea), and right shoulder arthroscopic subacromial decompression on 12-22-2011 and right shoulder arthroscopy on 03-24-2009. The diagnostic studies to date have included a urine drug screen dated 04-28-2015, a urine drug screen dated 01-12-2015; and an MRI of the right shoulder on 03-15-2013 which showed evidence of subacromion decompression and mild articular-sided fraying of the rotator cuff without full thickness retracted tear. The medical report dated 06-23-2015 indicates that the injured worker rated her right shoulder pain 7 out of 10 with medications, and 8 out of 10 without medications. There were no new problems or side effects noted. The objective findings of the right shoulder include restricted movements of the right shoulder; flexion limited to 110 degrees due to pain; abduction limited to 110 degrees; internal rotation limited to 70 degrees; external rotation limited to 90 degrees; positive Hawkin's test; positive Neer test; positive shoulder crossover test; and tenderness noted in the acromioclavicular joint and glenohumeral joint. It was noted that the injured worker had an MRI of the right shoulder on 08-25-2011 that showed rotator cuff tendinosis, some residual osseous hypertrophy at the acromioclavicular joint, mild swelling in the subacromial and subdeltoid bursa, consistent with mild inflammation; and an MRI of the right shoulder on 01-09-2009. The request for authorization was dated 06/23/2015. The treating physician planned to perform a right shoulder arthroscopic capsular plication. The treating physician requested eight post-operative physical therapy sessions for the right shoulder, an ultra-sling, a Polar Care unit, pre-operative lab:

Chemistry 7, pre-operative lab: complete blood count, and pre-operative lab: EKG medication. On 08-25-2015, Utilization Review (UR) non-certified the request for eight post-operative physical therapy sessions for the right shoulder, an ultra-sling, a Polar Care unit, pre-operative lab: Chemistry 7, pre-operative lab: complete blood count, and pre-operative lab: EKG medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this equipment order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) state that the polar care unit is "Recommended as an option after surgery, but not for nonsurgical treatment." Although this patient has been diagnosed with recurrent dislocation of the right shoulder, there is no clinical documentation of authorization for shoulder surgery. A polar care unit is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for polar care unit is not medically necessary.

Ultra sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this equipment order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) state that the ultrasling (a type of Postoperative abduction pillow sling) is "Recommended as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries". Although this patient has been diagnosed with recurrent dislocation of the right shoulder, there is no clinical documentation of authorization for shoulder surgery. Post-op shoulder sling is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for ultra sling is not medically necessary.

Post-op PT right shoulder 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence

for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels". Although this patient has been diagnosed with recurrent dislocation of the right shoulder, there is no clinical documentation of authorization for shoulder surgery. Post-op shoulder sling is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for post-op physical therapy of the right shoulder for 8 sessions is not medically necessary.

Pre-op lab: Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op lab testing. The Occupational Disability Guidelines (ODG) state that "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is performed before surgical procedures". Although this patient has been diagnosed with recurrent dislocation of the right shoulder, there is no clinical documentation of authorization for shoulder surgery. Pre-op testing is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for pre-operative testing (Chem 7) is not medically necessary.

Pre-op labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op lab testing. The Occupational Disability Guidelines (ODG) state that "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is performed before surgical procedures". Although this patient has been diagnosed with recurrent dislocation of the right shoulder, there is no clinical documentation of authorization for shoulder surgery. Pre-op testing is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the

request for pre-operative testing (CBC) is not medically necessary.

Pre-op labs: EKG meds x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op lab testing. The Occupational Disability Guidelines (ODG) state that "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is performed before surgical procedures". Although this patient has been diagnosed with recurrent dislocation of the right shoulder, there is no clinical documentation of authorization for shoulder surgery. Pre-op testing is not indicated without authorization to perform a surgical procedure. Therefore, based on the submitted medical documentation, the request for pre-operative testing with EKG is not medically necessary.