

Case Number:	CM15-0048901		
Date Assigned:	04/08/2015	Date of Injury:	04/22/2013
Decision Date:	05/21/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 48-year-old female who reported an injury on 04/22/2013. The mechanism of injury was not provided. Her diagnoses include carpal tunnel syndrome, other postsurgical status, neck sprain/strain, and pain in joint involving the shoulder region. Past treatment included injections and medications. An MRI was performed of the right shoulder and noted to reveal an intact rotator cuff, with moderate tendinosis of the right supraspinatus and infraspinatus tendons, moderate tendinosis of the right proximal long head of the biceps tendon, severe fatty atrophy of the right teres minor muscle, and moderately anterolaterally downsloping orientation of the right acromion. An MRI was performed of the left shoulder, and was noted to reveal moderately laterally downsloping orientation of the left acromion, superior labral anterior posterior tear, intact left rotator cuff, fibrosis to the left rotator interval, and thickening of the coracohumeral ligament, as well as minimal degenerative changes to the left acromioclavicular joint and moderately laterally downsloping orientation of the acromion. On 02/05/2015, it was indicated the injured worker had neck pain and increased pain with activities to her left shoulder. Upon physical examination, it was indicated the injured worker had weakness with abduction and external rotation, as well as tenderness over the anterior lateral aspect of the acromion, subacromial bursa, and undersurface of the AC joint of the left shoulder. Current medications were not included in the report. The treatment plan was noted to include manipulation under anesthesia, medical clearance, postoperative sling, TENS unit, Mumford procedure, and postoperative medications. A request was received for Mumford procedure, chest x-ray, pre-operative pulmonary function testing, Prothrombin Time & Partial Thromboplastin time,

Hemoglobin, TENS unit & supplies, DVT compression pump with sleeves, pre-operative medical clearance with an Internist, home exercise kit, and Keflex without a rationale. A Request for Authorization was signed 02/05/2012. It was noted the patient has been approved for a left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance with Internist: 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), Low back, Preoperative testing, general.

Decision rationale: According to the Official Disability Guidelines, the need for preoperative testing/medical clearance should be based on the injured worker's clinical history, physical examination findings, and comorbidities. The injured worker was not shown to have significant comorbidities and she is under age 50. The documentation shows she denies history of tuberculosis, diabetes mellitus, cancer, liver problems, arthritis, hypertension, ulcers, gout, and hepatitis. Therefore, the request is not medically necessary.

Associated Surgical Service: Chest X-Ray: 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) Low Back, Preoperative testing, general.

Decision rationale: According to the Official Disability Guidelines, chest x-rays are recommended for those at risk of developing post-operative pulmonary complications. The guidelines also state that preoperative testing should be based on the injured worker's clinical history, physical examination findings, and comorbidities. The injured worker was not shown to have significant comorbidities and she is under age 50. The documentation shows she denies history of tuberculosis, diabetes mellitus, cancer, liver problems, arthritis, hypertension, ulcers, gout, and hepatitis. The clinical documentation submitted for review did not indicate the injured worker would be at increased risk for pulmonary complications following the approved left shoulder arthroscopy. Consequently, the request is not supported. As such, the request is not medically necessary.

Pre-Operative Pulmonary Function 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 (ODG), 18th Edition, 2013, Pulmonary Chapter.

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: According to the Official Disability Guidelines, pulmonary function testing is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. The clinical documentation submitted for review did not provide findings suggestive of pulmonary compromise. Consequently, the request is not supported. As such, the request is not medically necessary.

Associated Surgical Service: Lab: Prothrombin Time & Partial Thromboplastin Time:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: According to the Official Disability Guidelines, coagulation studies are recommended for those with a medical condition predisposing them to bleeding, a history of bleeding, and if using anticoagulants. The clinical documentation submitted for review indicated the injured worker had been approved for a left shoulder arthroscopy. The injured worker was not shown to have significant comorbidities and she is under age 50. The documentation shows she denies history of tuberculosis, diabetes mellitus, cancer, liver problems, arthritis, hypertension, ulcers, gout, and hepatitis. There was also no documentation of an indication for preoperative coagulation studies. Consequently, the request is not supported. As such, the request is not medically necessary.

Associated Surgical Service: Lab: Hemoglobin A1C: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: According to the Official Disability Guidelines, A1C testing is recommended in those with diabetes only if the result would change the surgical management. The clinical documentation submitted for review indicated the injured worker had been approved for a left shoulder arthroscopy; however, there was no evidence indicating the injured worker

had diabetes and she was noted to have a normal nonfasting glucose value of 108 on 09/17/2014. Consequently, the request is not supported. As such, the request is not medically necessary.

Associated Surgical Service: TENS Unit & Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: According to the California MTUS Guidelines, TENS units are recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. The documentation submitted for review indicated the injured worker was approved for a left shoulder arthroscopy. It was also noted the injured worker would participate in physical therapy following the surgical procedure. Therefore, use of a TENS unit for 30 days would be appropriate. However, the request, as submitted, does not specify a 30 day rental only. As such, the request is not medically necessary.

Associated Surgical Service: DVT Compression Pump with Sleeves (4-weeks): 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); 18th Edition, 2013, Shoulder Chapter.

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: According to the Official Disability Guidelines, monitoring for venous thrombosis is recommended for those at risk for developing deep vein thrombosis (DVT). The guidelines also state that the shoulder is low risk as well as undergoing an arthroscopic procedure. It was noted the injured worker has been approved for a left shoulder arthroscopy; however, there was no documentation noting the injured worker was at risk for developing DVT and the surgical procedure that will be performed is considered low risk. Consequently, the request is not supported. As such, the request is not medically necessary.

Associated Surgical Service: Home Exercise Kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According to the California MTUS Guidelines, exercise is recommended. The guidelines go on to state that not any particular exercise program is recommended over another. The clinical documentation submitted for review indicated the injured worker has been approved for a left shoulder arthroscopy and post-operative physical therapy. There was no rationale provided for the exercise kit over a standard home exercise program taught by the injured worker's physical therapist. Consequently, the request is not supported. As such, the request is not medically necessary.

Keflex 500mg #20: 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) Infectious Diseases, Cephalexin (Keflex); 1/2).

Decision rationale: According to the Official Disability Guidelines, Keflex is recommended as a first-line option for cellulitis and other conditions. The documentation submitted for review indicated the injured worker had been approved for a left shoulder arthroscopy; however, there was no documentation noting the injured worker had an infection and the guidelines do not recommend the prophylactic use of this medication. Consequently, the request is not supported. As such, the request is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 93 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75.

Decision rationale: According to the California MTUS Guidelines, short-acting opioids, such as Ultram, are often used for breakthrough or intermitted pain. It was noted in the clinical documentation submitted for review that this injured worker has been approved for a left shoulder arthroscopy. A concurrent request was also approved for Norco to be used for breakthrough postoperative pain. Therefore, the necessity of an additional short-acting opioid analgesic cannot be established. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request is medically necessary.

Mumford Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Partial claviclectomy (Mumford procedure).

Decision rationale: According to the California MTUS Guidelines, surgical consideration may be indicated with red flag conditions, activity limitation, failure to increase function despite conservative treatment, and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state a Mumford procedure is recommended for the treatment of post-traumatic arthritis of the acromioclavicular joint. The clinical documentation submitted for review indicated the injured worker had weakness with range of motion, as well as tenderness over the acromioclavicular joint. However, there was no evidence of significant arthritis of the acromioclavicular joint to support a Mumford procedure. Additionally, the request did not specify which shoulder was to be operated on. As such, the request for 1 Mumford procedure is not medically necessary.