

Case Number:	CM15-0062295		
Date Assigned:	04/08/2015	Date of Injury:	02/15/2006
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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

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(n) 67 year old male, who sustained an industrial injury on 2/15/06. He reported pain in the right shoulder and right knee related to a fall. The injured worker was diagnosed as having right rotator cuff tear. Treatment to date has included a right shoulder MRI on 10/28/14 and pain medications. As of the PR2 dated 3/19/15, the injured worker reports pain in his right shoulder. The treating physician noted a positive impingement test and tenderness in the right shoulder. The treatment plan includes right shoulder arthroscopy and decompression therapy. The treating physician requested a post-operative brain natriuretic peptide and a post-operative polar care unit rental x 21 days, which was modified to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative brain natriuretic peptide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nishimura K, Nishimura T, Onishi K, Oga T, Hasegawa

Y, Jones PW. Changes in plasma levels of B-type natriuretic peptide with acute exacerbations of chronic obstructive pulmonary disease. Int J Chron Obstruct Pulmon Dis. 2014 Feb 5;9:155-62.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of Brain Natriuretic Peptide (BNP). Alternative guidelines were therefore utilized. Nishimura et al demonstrated in 2014 that BNP is elevated during acute exacerbations of COPD. BNP is used as a screening tool for both cardiovascular and pulmonary conditions. In this case there is lack of evidence in the records of 3/19/15 demonstrating medical necessity for BNP testing. Therefore the determination is for non-certification.

Post-operative polar care unit rental (day) qty: 7.00: 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).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request is for 7 days. Therefore the determination is for certification.