

<b>Case Number:</b>	CM15-0067930		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Minnesota, Florida  
 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 54 year old female, who sustained an industrial injury on March 7, 2007. The injured worker was diagnosed as having chronic pain syndrome, cervical degenerative disc disease (DDD), lumbar disc bulge and bilateral shoulder and knee pain. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated March 31, 2015 provides the injured worker complains of headaches, neck, shoulder, back and knee pain. She rates her pain 8/10 without medication and 5/10 with medication. Physical exam notes cervical and shoulder tenderness with decreased range of motion (ROM). Magnetic resonance imaging (MRI) was reviewed. The plan includes medication, therapy and there is a request for pre-op and post-operative care and therapy. The disputed requests include lab, EKG, and purchase of a continuous flow cryotherapy unit and shoulder immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op CMB/CMP/A1C and pre-op EKG:** Upheld

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

[http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/Official Disability Guidelines \(ODG\), diabetes \(updated 01/26/15\).](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/Official%20Disability%20Guidelines%20(ODG),%20diabetes%20(updated%2001/26/15).)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative laboratory testing, Preoperative electrocardiography.

**Decision rationale:** With regard to the request for preoperative laboratory workup, ODG guidelines recommend a preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material, electrolyte and creatinine testing in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus, in patients with diagnosed diabetes A1c testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. ODG guidelines recommend a thorough history and physical examination with selective testing based upon the clinician's findings. Routine electrocardiography is not recommended for low risk procedures. Arthroscopic surgery of the shoulder is considered a low risk surgical procedure. In this instance, the injured worker has a history of diabetes. She is taking prednisone on a daily basis. She is taking non-steroidal anti-inflammatory drugs. She is using topical NSAIDs. She is also taking opioids. As such, the request for preoperative laboratory workup is supported by guidelines and the medical necessity of the request has been substantiated. However, the request for electrocardiography is not medically necessary.

**Cold therapy unit/immobilizer purchase:** 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), shoulder / Knee chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** With regard to the request for purchase of a cold therapy unit, ODG guidelines are used. The guidelines indicate that continuous flow cryotherapy is recommended postoperatively for 7 days after surgery. It reduces pain, swelling, inflammation, and need for narcotic medication postoperatively. Use beyond 7 days is not recommended. As such, the request for purchase of the cold therapy unit is not supported and the medical necessity of the request has not been substantiated. With regard to the request for immobilization, the California MTUS guidelines indicate shoulder disorders may lead to joint stiffness more often than other joint disorders. Because patients with shoulder disorders tend to have stiffness followed by weakness and atrophy, careful advice regarding maximizing activities within the limits of

symptoms is imperative. Gentle activities and motion is recommended. As such, the use of a shoulder immobilizer is not recommended by guidelines and the medical necessity of the request has not been substantiated. The request is not medically necessary.