

Case Number:	CM15-0072133		
Date Assigned:	04/22/2015	Date of Injury:	05/24/2011
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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, Indiana, Oregon
 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 70 year old male sustained an industrial injury to the right leg, right hip, right knee, low back and left shoulder on 5/24/11. The injured worker was diagnosed with a right subtrochanteric fracture. Previous treatment included magnetic resonance imaging, multiple surgical right leg surgeries, physical therapy, transcutaneous electrical nerve stimulator unit, heat/cold therapy, injections, back brace and medications. In a Qualified Medical Evaluation dated 3/10/15, the injured worker was seen with regard to his right femur, hip, knee, low back and left shoulder. Physical exam was remarkable for tenderness across the left rotator cuff and biceps tendon with positive impingement sign and positive Speed's test as well as weakness to resisted function. Current diagnoses included hip joint inflammation, femur fracture status post multiple surgical procedures, discogenic lumbar condition, urinary frequency, gastroesophageal reflux disease, sleep dysfunction, right knee pain, left shoulder impingement syndrome and chronic pain. The treatment plan included continuing physical therapy, a psychiatry consultation, surgical intervention to the left shoulder with decompression and evaluation of rotator cuff, biceps and labrum with associated surgical services and medications (Zofran, Neurontin, Fenoprofen Calcium, Protonix, Eszopiclone, Lidoderm cream and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-Operative laboratory works (CBC, CMP): 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of laboratory testing preoperatively. ODG low back is referenced and the criteria for preoperative cbc is stated as patients with a medical risk factor for anemia or a surgery planned with significant blood loss. For evaluation of metabolic panel or creatinine, the guidelines recommend testing for patient with chronic kidney disease. In this case the injured worker is a 70 year old man scheduled for a shoulder surgery with no underlying risk for anemia or chronic kidney disease. Therefore the requested tests are not medically necessary

21 Day rental of polar care unit: 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) shoulder.

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 21 days for the cryotherapy unit. Therefore the determination is not medically necessary.

1 Pre-Operative electrocardiogram: 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.

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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for

coronary artery disease, regardless of age, may not be necessary. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 70 year old with only hypertension without physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is not medically necessary.