

Case Number:	CM13-0001637		
Date Assigned:	05/02/2014	Date of Injury:	06/26/2012
Decision Date:	07/08/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 39-year-old female injured on June 26, 2012. The medical records provided for review document a diagnosis of right shoulder impingement. Right shoulder arthroscopy and subacromial decompression occurred on October 4, 2013. The records do not document evidence of any underlying co-morbidity. This review request is for preoperative medical clearance, DVT prophylaxis, and antibiotics (perioperative.)

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 7, 127.

Decision rationale: Based on California ACOEM Guidelines, the request for preoperative medical clearance cannot be recommended as medically necessary. According to the reviewed records, the claimant is an otherwise healthy 38-year-old female who underwent shoulder arthroscopy and subacromial decompression. The reviewed records do not document underlying

co-morbid factors or medical history that would support the need for preoperative medical clearance assessment. Therefore, this request would not be supported.

DVT PROPHYLAXIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

Decision rationale: The California MTUS and ACOEM Guidelines do not address DVT prophylaxis. Based on the Official Disability Guidelines, the request for DVT prophylaxis would not be indicated. The claimant underwent an outpatient right shoulder arthroscopy and subacromial decompression procedure and has no clinical history of prior DVT, co-morbidity or significant risk factors for a venous thrombotic event. The claimant would have been ambulatory following discharge from the outpatient procedure. The request in this case for DVT prophylaxis cannot be supported as medically necessary.

ANTIBIOTICS (PERI OPERATIVE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINES Knee And Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Prophylactic antibiotics and Anticoagulant.

Decision rationale: The ACOEM Guidelines state that some institutions have mandated that surgeons use antibiotics for all patients. This is supported by the Official Disability Guidelines as well as other peer reviewed literature as the use of perioperative antibiotics are a universally accepted standard of care. Therefore, perioperative antibiotics would have been medically necessary for this claimant.