

<b>Case Number:</b>	CM13-0017002		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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 physician 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 51-year-old, male, right-hand-dominant tow-driver who was involved in a work related accident on 08/02/11, at which time he slipped and fell sustaining an injury to his right shoulder. In February 2012, he underwent arthroscopic open rotator cuff repair of a massive rotator cuff tear. A reverse shoulder replacement has been requested and certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 days of inpatient stay:** 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 Chapter, ODG hospital length of stay (LOS) guidelines

**Decision rationale:** A two-day inpatient length of stay would be reasonable following any arthroplasty of the shoulder. CA MTUS does not address this; however, the length of stay is supported within Official Disability Guidelines, which indicate a best practice 2-day length of stay for shoulder arthroplasty.

**Pre-op EKG test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN). Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p. [37 references].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Preoperative electrocardiogram (ECG).

**Decision rationale:** Preoperative EKG and lab tests are reasonable and appropriate preceding any shoulder arthroplasty surgery. CA MTUS does not address this; however, Official Disability Guidelines indicate that open orthopedic procedures are considered of immediate risk and, as such, they recommend preoperative testing in the form of ECG. In this case, the individual does have documentation of a prior history of hypertension as well as notation of prior abnormalities on ECG. Based on these things the request is clearly supported in this case.

**Pre-op lab testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN). Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p. [37 references].

**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, Criteria for Preoperative lab testing.

**Decision rationale:** Laboratory testing would be reasonable and appropriate preceding any shoulder arthroplasty surgery. CA MTUS does not address this; however, on the basis of Official Disability Guidelines, preoperative testing is appropriate if there are clinical indicators that would warrant such. As stated previously, this individual has a history of hypertension, and he is to undergo a significant procedure. On the basis of these things, the preoperative laboratory testing is indicated.

**pre-op history and physical: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** Preoperative history and physical examination is reasonable and appropriate. CA MTUS guidelines support the use of consultation "[t]o aid in the diagnosis,

prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". In this case there is an individual with a past medical history significant for hypertension and abnormalities on ECG. He is to undergo a significant procedure and as such it would be appropriate to determine his medical stability prior to undertaking surgical intervention.