

<b>Case Number:</b>	CM13-0018347		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/30/1992
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Internal Medicine, and is licensed to practice in New York. 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 injured worker is a 61 year old male with a date of injury of 6/30/92. He was seen by his primary treating physician on 3/7/13 with complaints of low back pain with radiation, numbness and tingling in his lower extremities, and neck pain. His physical exam showed lumbar spine range of motion with flexion to 45 degrees, extension to 15 degrees and bending laterally to 20 degrees. Straight leg raising at 70 degrees bilaterally. He had restricted neck mobility with spasm in the paraspinal muscles and a positive Spurling's test. His left shoulder impingement test was positive. He had a tender right knee with chondrokalacia and positive McMurry's test over the medial meniscus. His diagnoses included cervical trauma status post arthrodesis with removal of hardware and Brown-Sequard syndrome resolved, left shoulder impingement syndrome, distal radius fracture status post arthroscopic surgery and open reduction internal fixation, lumbar disc herniation status post interdiscal electrothermal with recurrent disc herniation, status post take down synostosis and peroneal tendinopathy, left foot and ankle. His plan included the request for authorization of epidural injections, neurodiagnostic studies of his lower extremities, medications for pain, and an internal medicine evaluation for surgical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**'Associated surgical service'- ONE PRE-OPERATIVE INTERNAL MEDICINE EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate and the 2007 ACC/AHA guidelines.

**Decision rationale:** This 61 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities documented in the records. The 2007 ACC/AHA guidelines recommend that the estimation of perioperative risk should integrate major, intermediate, and minor predictors of cardiac risk, functional capacity, the surgery-specific risk, and, when indicated, the results of noninvasive studies, including stress testing. In this injured worker with no active cardiac symptoms undergoing low risk procedure, internal medicine evaluation for preoperative evaluation would not be medically indicated. The request is noncertified.