MAXIMUS Federal Services

Case Number:	CM13-0028777		
Date Assigned:	11/27/2013	Date of Injury:	08/12/2011
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/24/2013

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, has a subspecialty in Hand Surgery and is licensed to practice in Georgia and Texas. 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 patient is a 46-year-old female who reported a work-related injury on 08/152/2011, as a result of a motor vehicle accident. Subsequently, the patient has been recommended to undergo surgical interventions to the left shoulder with request for cardiac clearance prior to the operative procedure. The clinical note dated 03/04/2013 reports the patient was seen under the care of [redacted]. The provider documents and Orthopedic Surgery consultation follow-up report and request for authorization. The provider documents the patient was last examined in 10/2012 and at that time submitted authorization for a left shoulder arthroscopy and subacromial decompression. The provider documents surgery was not approved. The provider again is recommending left shoulder surgical interventions due to decreased range of motion about the shoulder. The provider subsequently recommended the patient receive home health care for the purpose of wound cleaning and assistance with activities of daily living as well as a thermal cool compression system and a continuous passive motion machine and an ultra sling, as well as a pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for cardiac clearance for left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

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 chapter-pre-operative clearance

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has been recommended to undergo surgical interventions to the left shoulder status post a work-related fall and injury sustained on 08/12/2011. The provider is recommending cardiac clearance for the patient; however, the clinical notes fail to evidence the patient presented with any significant comorbidities requiring cardiac clearance and associated diagnostic studies. California MTUS/ACOEM does not specifically address this request; however, Official Disability Guidelines indicate patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. Clinical notes fail to evidence the patient presented with any active cardiovascular disease to support the requested consultation. Given all of the above, the request cardiac clearance for left shoulder surgery is not medically necessary or appropriate.