

Case Number:	CM13-0049136		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2013
Decision Date:	08/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine & Rehab and is licensed to practice in Nevada. 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 51-year-old male who was reportedly injured on 5/14/2013. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 11/6/2013, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder positive tenderness over the acromioclavicular joint, limited range of motion with pain, and positive impingement. Cuff strength was mildly compromised. Diagnostic imaging studies included a magnetic resonance image on 8/8/2013, which revealed small partial thickness rotator cuff tear without evidence of full thickness tear. Previous treatment included injections, physical therapy, and medications. A request was made for preoperative cardiology clearance and was not certified in the pre-authorization process on 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CARDIOLOGY CLEARANCE.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Merck Manual: special subjects, preoperative evaluation.

Decision rationale: If an emergency procedure is required, preoperative evaluation must be rapid and is thus limited. In other cases, the surgical team may consult an internist to obtain a formal preoperative evaluation, which helps minimize risk by identifying correctable abnormalities and by determining whether additional monitoring is needed or whether a procedure should be delayed so that an underlying disorder (eg, hypertension, hyperglycemia, hematologic abnormalities) can be controlled optimally. After reviewing the medical records provided, there was no determination of any underlying cardiac disease that would require cardiac clearance from specials. Therefore, this request is deemed not medically necessary.