

Case Number:	CM13-0051815		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2012
Decision Date:	05/19/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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:

This is a 39-year-old female who was injured in a work related accident on 02/09/12. The recent clinical records for review indicate that the claimant is with a left shoulder MRI scan demonstrating significant impingement and moderate inflammatory process. Given failed conservative care to the shoulder, a surgical arthroscopy is being recommended. There is a current request stated for "x-rays" EKG and blood work testing prior to the surgical process in question. A review of the claimant's previous records failed to demonstrate any evidence of underlying comorbidity or medical related diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP MEDICAL CLEARANCE: (XRAY, EKG & BLOOD WORK): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations And Consultations, page 127 and the Official Disability Guidelines (ODG), Low Back Procedure, Preoperative Electrocardiogram.

Decision rationale: The role of preoperative testing as stated would not be indicated. While the claimant is noted to be undergoing surgical intervention, there is no current indication of underlying comorbidity or medical issue that would support the acute need of radiographs, blood work or electrodiagnostic testing. The absence of the above would fail to necessitate the acute need of the specific testing for the claimant's outpatient surgical process.