

<b>Case Number:</b>	CM13-0055424		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 40-year-old female who sustained an injury to the right shoulder on 09/23/11. The records provided for review note that the claimant has failed conservative measures including chiropractic measures, acupuncture, anti-inflammatory agents and prior corticosteroid injection for the diagnosis of acromioclavicular joint arthropathy and impingement. The recommendation for a right shoulder arthroscopy with subacromial decompression was made. The report of an MRI of the right shoulder dated July 19, 2012 showed acromioclavicular joint arthropathy, and was negative for other findings. The clinical examination of October 15, 2013 showed restricted range of motion at endpoints and positive impingement signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 OF 6 OUTPATIENT PREOPERATIVE MEDICAL CLEARANCE WITH LABS:**

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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and

Consultations, page 127 Introduction The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in

**Decision rationale:** Based on California ACOEM Guidelines, preoperative medical clearance with laboratory testing would not be indicated. Records for review failed to support the current need for the role of shoulder surgery. In absence of the medical necessity for the proposed surgery, the request for preoperative assessment is not necessary.