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| <b>Case Number:</b>   | CM13-0065669 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 03/26/2013 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/13/2013 |

### 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 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 47-year-old male who reported a work-related injury on 3/26/13. The patient was assisting a nurse to lift an elderly patient which resulted in injury. The clinical documentation dated 7/22/13 revealed the physician recommended a left shoulder diagnostic arthroscopy with subscapularis repair, possible labral repair, and open biceps tenodesis. The patient's diagnosis was rotator cuff dislocation not elsewhere classified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for preoperative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of General Internal Medicine Online

**Decision rationale:** Per the Society of General Internal Medicine Online, preoperative assessment is expected before all surgical procedures. The clinical documentation submitted for review indicated the patient had approval for a surgical procedure. However, there was a lack of documentation indicating that the patient was scheduled or approved for surgery. There was a lack of documentation of a DWC Form RFA, or a physician note to indicate the patient was to

proceed with surgery. Given the above, the request for pre-operative clearance is not medically necessary.