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| Case Number: | CM14-0007461 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 08/18/2011 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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:

The patient is a 68-year-old male who has submitted a claim for Left Shoulder Adhesive Capsulitis, Left Tardy Ulnar Palsy, and Left Minimal Carpal Tunnel Syndrome, associated with an industrial injury date of August 18, 2011. Medical records from 2013 were reviewed, which showed that the patient complained of left shoulder discomfort. On physical examination of the left shoulder, well-healed surgical scars were noted. There was limited shoulder flexion and abduction with tenderness over the midshaft of the clavicle and over the AC joint. There was also tenderness in the supraspinatus and infraspinatus muscles. Left elbow examination revealed tenderness over the ulnar groove and medial and lateral epicondyles. Pressure over the ulnar groove caused an electrical sensation into the left little finger. Treatment to date has included medications, physical therapy, home exercise program, elbow injection, cortisone injection to the left wrist, left clavicle surgery, and reverse total shoulder arthroplasty. Utilization review from January 9, 2014 denied the request for preoperative medical clearance because a concurrent request for endoscopic left carpal tunnel release, possible open, and left cubital tunnel release possible medial epicondylectomy vs anterior subcutaneous transposition was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE MEDICAL 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General

Decision rationale: CA MTUS does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, utilization review from January 9, 2014 denied a concurrent request for endoscopic left carpal tunnel release, possible open and left cubital tunnel release possible medial epicondylectomy vs anterior subcutaneous transposition. The request for the dependent procedure was deemed not medically necessary. The request for preoperative medical clearance is not medically necessary or appropriate.