

Case Number:	CM14-0108089		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2011
Decision Date:	10/02/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 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 65-year-old male who reported an injury on 11/15/2011 while pulling an oxygen tank from underneath a gurney at work. An MRI of the right shoulder performed on 03/14/2014 revealed marked attrition of the repair portion of the cuff, better defined interstitial partial tear of the subscapularis, developing subluxation of the transitional portion of the long head biceps tendon, and joint and bursal effusion. Prior surgeries included an arthroscopic rotator cuff repair with subacromial decompression on 06/04/2013 to the right shoulder. On 06/24/2014, a physical examination of the right shoulder revealed range of motion values of 100 degrees of forward flexion and 10 degrees of external rotation, and 3/5 strength testing to the supraspinatus and infraspinatus to the right and 5/5 strength to the left. A positive Hawkin's sign to the right was identified. The diagnoses were rotator cuff dysfunction with fatty replacement of the supraspinatus muscle and some fatty replacement of the infraspinatus muscle to the right and left shoulder with previous repair of the rotator cuff, currently functioning well. Prior therapy included medications, injections and surgery. On 08/05/2014, the injured worker presented for a follow-up postoperatively for a right reverse total shoulder arthroplasty. The provider recommended a right reverse shoulder arthroplasty bicep tenotomy, assistant surgeon, preoperative labs, and EKG and a history and physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: 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 Official Disability Guidelines (ODG) Low Back, Preop General.

Decision rationale: The request for an EKG is not medically necessary. The Official Disability Guidelines (ODG) states preoperative testing is often performed for surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to preoperative testing for the purposes of determining fitness for anesthesia and identifying injured workers at high risk for postoperative complications is through history and physical examination, with selective testing based on clinician's findings. The included medical documents lack evidence of physical exam findings and clinical history that would be indicative of high surgery risk for the injured worker. As such, this request is not medically necessary.