

<b>Case Number:</b>	CM14-0015279		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Surgeon 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 47-year-old reporting an injury on 12/22/2011. She reportedly tripped and struck her left shoulder on a table. The clinical note dated 01/08/2014 presented the injured worker with left shoulder complaints. The physical examination of the injured worker revealed cuff weakness with difficulty with arm elevation. A recent MRI revealed full-thickness tear and fluid excavation through and through. The injured worker was diagnosed with sprain of unspecified site of shoulder and upper arm. The provider recommended preoperative medical clearance. The Request for Authorization form was not included in the medical documents for review.

### 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, Preoperative testing, general.

**Decision rationale:** The request for preoperative medical clearance is not medically necessary. The Official Disability Guidelines recommend that preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The included medical documents lack evidence of physical exam findings that would facilitate the need for a preoperative medical clearance. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk for postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinical findings. The provider's rationale for a preoperative medical clearance is unclear. The request did not specify the specific testing being requested. Therefore, the request is not medically necessary.