

Case Number:	CM14-0017520		
Date Assigned:	04/14/2014	Date of Injury:	07/15/2009
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pennsylvania. 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 claimant is a 29-year-old male who was injured in a work related accident on 07/15/09, when a box fell and hit him on the head resulting in an acute onset of neck and upper extremity complaints. A current clinical report of 01/08/14 indicates ongoing complaints of pain about the left shoulder with examination having positive impingement testing, Neer and Hawkins's testing, and restricted motion. Based on failed conservative care and positive imaging, a left shoulder rotator cuff repair procedure was being recommended. Further review of clinical records demonstrates no indication of underlying comorbidities in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE - OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines (2nd Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines (2nd Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the ACOEM guidelines, Chapter 7, "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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In this case, the patient demonstrates no indication of underlying comorbidities or acute medical issue that would necessitate the need for preoperative medical assessment prior to the surgical process in question. The request for pre-operative medical clearance is not medically necessary and appropriate.