MAXIMUS Federal Services

| Case Number: | CM14-0019377 | | |
|---|---|---|---|
| Date Assigned: | 04/21/2014 | Date of Injury: | 03/05/2009 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

## 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 injured worker is a 52-year-old female who was injured on March 5, 2009. Current diagnoses include chronic progressive pain, weakness, limited shoulder motion status post arthroscopic decompression and distal clavicle excision, partial write supraspinatus tendon tears, rule out progression of superior labrum from anterior to posterior (SLAP) tear, left shoulder and cervical strain, and left shoulder interstitial rotator cuff tear. No other major medical issues are documented in the previous medical history. A utilization review was performed in February 2014, and again, the operative procedure in question was found to be not medically necessary. Subsequently, the operative procedure was certified in March 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OPERATIVE HISTORY AND PHYSICAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Surgery General Information and Ground Rules," California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, page 29.

**Decision rationale:** The preoperative history and physical examination in question is typically part of a bundled global payment and performed the day prior to the operative intervention. The exception to this rule would include emergent situations, when the preoperative visit is a consultation, or when procedures are not usually part of the basic surgical procedure provided in the immediate preoperative timeframe. The clinician did not document any of these criteria and the injured worker does not have a complex past medical history or any history of major medical illnesses such as diabetes or previous myocardial infarction. As such, the request is considered not medically necessary.