MAXIMUS Federal Services

Case Number:	CM14-0118213		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2013
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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 claimant is a 45-year-old gentleman injured in work-related accident on July 1, 2013. The records provided for review document an injury to the right shoulder. A July 7, 2014, utilization review supported the request for right shoulder arthroscopy, subacromial decompression, distal clavicle excision and rotator cuff. No documentation of the claimant's past medical history, co-morbidities or underlying history is provided. This request is for preoperative testing to include a CBC, complete metabolic panel and echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative EKG(electrocardiogram), CBC(complete blood count) and CMP(complete metabolic panel): 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127 Introduction.

Decision rationale: California MTUS ACOEM Guidelines would not support the need for preoperative testing in this case. Under ACOEM Guidelines, preoperative testing is warranted when the claimant's medical history includes co-morbidities or underlying clinical factors that would elevate the risk of adverse event. In this case, the reviewed records contain no documentation of co-morbidities, cardiac history or other significant factors that would warrant preoperative testing, including echocardiogram. The 45-year-old claimant appears to be an otherwise healthy individual scheduled to undergo an outpatient procedure. The request for preoperative testing is not medically necessary.