

Case Number:	CM14-0130108		
Date Assigned:	08/20/2014	Date of Injury:	12/26/2011
Decision Date:	09/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 51 year old female with date of injury 12/26/11. The treating physician report dated 12/9/13 indicates that the patient presents for pre- op examination for left shoulder manipulation under anesthesia scheduled on 12/16/13. The patient has chronic left shoulder pain and denies any chest pain, shortness of breath, headache, fever, abdominal pain, nausea, vomiting, diarrhea, or dizziness. The physical examination findings of the ears, nose, mouth, throat, heart, GI, and skin were all normal. The physician ordered pre-op CBC, BMP, PT, PTT, Urinalysis and chest x-ray, which showed no abnormalities and the patient, was cleared for surgery. The current diagnoses are: 1.Cervical DDD 2.Cervical radicular symptoms of bilateral upper extremities 3.Right shoulder anterior superior labral tear 4.Right shoulder acute dislocation5.Right shoulder severe adhesive capsulitis The utilization review report dated 7/18/14 denied the request for pre-op labs based on the rationale that the utilization review physician did not feel that the left shoulder MUA was medically necessary even though the request was not for the manipulation under anesthesia only the pre-op testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP clearance and Labs: CBC, PT, PTT, LYLES, BUN, UA, CHEM7, CHEST X-RAY, EKG 7/9/14 RPT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideine.gov/content.aspx?=-38289-Pre-operative-Evaluations>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG lumbar chapter for Pre operative testing Preoperative electrocardiogram (ECG) Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. (Fleisher, 2008) (Feely, 2013) (Sousa, 2013) Criteria for Preoperative electrocardiogram (ECG): High Risk Surgical Procedures:- These are defined as all vascular surgical procedures (with reported cardiac risk often more than 5%, which is the combined incidence of cardiac death and nonfatal myocardial infarction), and they include: - Aortic and other major vascular surgery; & - Peripheral vascular surgery.- Preoperative ECG is recommended for vascular surgical procedures. Intermediate Risk Surgical Procedures:- These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: - Intraperitoneal and intrathoracic surgery; - Carotid endarterectomy; - Head and neck surgery; & - Orthopedic surgery, not including endoscopic procedures or ambulatory surgery.- Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease- Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: - History of ischemic heart disease; - History of compensated or prior HF; - History of cerebrovascular disease, diabetes mellitus, or renal insufficiency. Low Risk Surgical Procedures:- These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: - Endoscopic procedures; - Superficial procedures; - Cataract surgery; - Breast surgery; & - Ambulatory surgery.- ECGs are not indicated for low risk procedures.

Decision rationale: The patient presents with chronic left shoulder pain and has been authorized for manipulation under anesthesia according to the treating physician. The current request is for PRE-OP clearance and Labs: CBC, PT, PTT, LUTES, BUN, UA, CHEM7, Chest X-Ray, EKG 7/9/14 Rpt. The treating physician in this case has not documented that the patient is scheduled for a high risk or intermediate risk surgery that requires an EKG. The scheduled surgery of manipulation under anesthesia is considered a low risk surgical procedure and the ODG guidelines state that low risk surgical procedures with no known cardiac risk factors do not require an EKG. Other lab studies such as UA and chest X-rays are not supported for low risk patients therefore, this request is not medically necessary.