

Case Number:	CM14-0133534		
Date Assigned:	10/01/2014	Date of Injury:	07/23/2013
Decision Date:	11/13/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 53 year old female with an industrial injury dated 07/23/13. The medical records were reviewed. MRI of the left shoulder dated 10/22/13 reveals a partial thickness tear of the supraspinatus insertion with mild glenohumeral joint arthrosis and a type 2 acromion. MRI of the left knee dated 10/22/13 demonstrates a complex tear of the posterior horn of the medial meniscus and a degenerative tear in the lateral meniscus with mild to moderate patellofemoral joint chondromalacia. Exam note 02/24/14 states the patient returns with shoulder and knee pain. The patient explains experiencing pain with planting, pivoting, twisting, pushing, pulling, reaching, and lifting. Upon physical exam the patient had restricted range of motion with the left shoulder and positive impingement with pain. The patient completed a negative load and shift test. Examination of the left knee reveals tenderness along the medial joint line, and mild effusion. The patient had a positive medial McMurray's, a negative pivot shift test, a negative anterior drawer, and a negative Lachman. Also there was no medial or lateral collateral ligament laxity. Diagnosis is noted as a medial meniscus tear of the left knee with chondromalacia patella, and symptomatic high-grade partial thickness tear of the rotator cuff in the left shoulder. Conservative treatments have included medication, physical therapy, and an injection all-resulting in temporary relief. Treatment includes an arthroscopy with rotator cuff repair possible labral repair.

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 The American Academy of Orthopedic Surgeons-American Academy of orthopedic Surgeons, Orthopedic Knowledge Update, OKU 9, Jeffrey S. Fishgrund, MD: editor, chapter 9 Preoperative Medical Management page 105-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: The California MTUS and Official Disability Guidelines are silent on the issue of preoperative clearance. Alternative guidelines were referenced. The guidelines state that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 53 years old and does not have any evidence in the cited records from 2/24/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore, this request is not medically necessary.