MAXIMUS Federal Services

Case Number:	CM14-0151670		
Date Assigned:	09/19/2014	Date of Injury:	02/28/2003
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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:

This injured worker is a 47-year-old male who sustained an industrial injury on 2/28/03. Injury occurred while lifting a heavy filing cabinet. Past surgical history was positive for lumbar decompression and fusion with subsequent removal of hardware. Past medical history was positive for elevated liver enzymes. The injured worker was status post rotator cuff repair and subacromial decompression on 4/15/05, revision repair with distal clavicle resection on 1/23/09, and left shoulder decompression and rotator cuff repair on 8/6/10. Records indicated there was significant limitation in left shoulder range of motion with on-going pain not controlled by medication management. The 4/2/14 left shoulder computed tomography (CT) scan impression documented post-operative changes with multiple metal foci within the anterosuperior humeral head, suggestive of prior rotator cuff repair. There was minor cortical irregularity in the subchondral central glenoid likely representing mild degenerative changes. There was a lateral downsloping acromion that may predispose to superior impingement. The 7/28/14 computed tomography (CT) scan addendum noted a discussion with the referring physician and stated the study was slightly limited due to the inability of the injured worker to externally rotate. There was some narrowing of the anterior inferior glenohumeral joint. The postsurgical changes and pins identified in the humeral head approach and possibly reach the cortical surface of the humerus in the region of the articular surface. The 8/29/14 treating physician reconsideration request cited significant changes in the joint including narrowing of the anterior and inferior glenohumeral joint, with evidence that the anchors appear to extend beyond the articular surface and contact the glenoid. The injured worker had failed extensive operative and non-operative treatment. Left shoulder arthroplasty with appropriate length of stay, post-op durable medical equipment and therapy, and pre-op evaluation was again requested. The 9/10/14 utilization review modified the post-op request for Thermacooler rental for 4 weeks to 7-days consistent

with guidelines. The request for 24 visits of post-op physical therapy was modified to 12 initial visits consistent with guidelines for initial post-op treatment. The request for pre-op medical clearance was denied, but the rationale was not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): page(s) 522-38

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all injured workers undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on injured worker age, comorbidity, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Age, comorbidity, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia meet guideline criteria and establish medical necessity. Therefore, this request is medically necessary.