

Case Number:	CM14-0158633		
Date Assigned:	10/02/2014	Date of Injury:	02/24/2009
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Orthopaedic 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 64-year-old male sustained an industrial injury on 2/24/08, relative to cumulative trauma. Past surgical history was positive for right shoulder distal clavicle resection for acromioclavicular separation in 2007, and right total knee replacement on 5/5/10. The 5/24/12 orthopedic report indicated the patient had anterior right shoulder pain for the past year, including night pain. He had tried anti-inflammatory medication which helped a little bit. He had not had therapy. He had cortisone shot once which did not help at all. Physical exam documented full range of motion with mild Neer, negative Hawkin's, and positive Jobe's. There was no pain at the acromioclavicular (AC) joint, negative cross-adduction, and painful O'Brien's on both pronation and supination. X-rays showed some mild AC joint separation. The treatment plan recommended physical therapy and an MR arthrogram. The 6/18/12 right shoulder MRI impression documented a high-grade partial thickness articular sided supraspinatus tendon tear with a very small superimposed full thickness tear. There was infraspinatus and subscapularis tendinosis with associated distal interstitial tears. A SLAP tear appeared to extend to the biceps anchor. There was a posterior labral tear with degeneration and a probable tear of the inferior labrum. The 6/26/12 orthopedic note recommended surgery. The patient did not proceed with surgery because of a medical condition. The 8/29/14 orthopedic surgery note indicated the patient returned complaining of a lot of right shoulder pain. He had a known right shoulder high-grade partial cuff tear with small component full thickness rotator cuff tear with SLAP lesion going into the biceps anchor with posterior inferior labral tearing. Surgery had previously been planned but he couldn't do it. He was now medically ready to have surgery. His motion was excellent with good strength and negative Jobe's, Hawkin's, and Neer tests. Physical exam findings suggested if he had a cuff tear it would be small. Surgery was requested to include right shoulder arthroscopy, decompression, rotator cuff repair, SLAP repair, possible biceps tenodesis,

and posterior inferior labral repair with graft and platelet-rich plasma injection. The 9/12/14 utilization review denied the right shoulder surgery and associated requests as there was no evidence of recent guideline-recommended conservative treatment. There is no additional information provided in the file to support the current medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 preoperative Electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back

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):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. A pre-operative EKG would be appropriate and consistent with guidelines for this 64-year-old patient with a history of asthma, shortness of breath and pulmonary disease. However, records indicate that surgery has not been found medically necessary. As the surgical request is not supported, this request is not medically necessary.

1 preoperative complete blood count and renal function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back

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):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The use of the requested pre-operative lab testing appears reasonable in a 64-year-old patient undergoing general anesthesia. However, records indicate that surgery has not been found medically necessary. As the surgical request is not supported, this request is not medically necessary.

1 shoulder sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Post-Operative abduction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. The use of a post-operative sling is generally indicated. However, records indicate that surgery has not been found medically necessary. As the surgical request is not supported, this request is not medically necessary.