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| Case Number: | CM14-0023604 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 06/02/1997 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Internal Medicine 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 53 year old male who was injured on 06/02/1997 when a steel plate accidentally landed on him. A progress report dated 11/27/2013 indicated the report stated the patient complained of cervical spine pain with stiffness with associated numbness and tingling sensation, radicular pain in the right and left arm in addition to headache. He rated his neck pain as a 4/10. He also complained of left knee pain with limited range of motion rated the pain as 2/10. He had right shoulder pain achy in nature rated as 4/10. He complained of mid and low back pain. His past medical history is positive for hypertension, heart problems and anxiety disorder. Objective findings on exam revealed the cervical spine has tenderness and pain with rotation and extension. He had decreased range of motion. He had tenderness to palpation of the occipital and lumbar paraspinal muscles triggering the headache with palpation. There is tenderness to palpation over the facet capsule. The exam findings are obviously showing a rotator cuff tear of the right shoulder. It is noted that the patient has worsened since his last evaluation. Prior utilization review dated 02/19/2014 states the request for pre-operative clearance for a proposed outpatient surgery is denied as there is a lack of documented information.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE CARDIAC CLEARANCE FOR THE PROPOSED OUTPATIENT SURGERY (RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR) AS AN OUTPATIENT: Overturned

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 Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Preoperative echocardiogram (ECG) & Preoperative testing, general.

Decision rationale: California MTUS guidelines do not discuss the issue. The ODG guidelines state preoperative testing is often performed before surgical procedures. The guidelines states that the testing can often help guide post-op management, risk stratify, and assist in directing anesthesia. The patient has a rotator cuff tear and has had worsening of his shoulder over the previous treatment period. The patient is being scheduled for surgery and should undergo preoperative clearance. The physician who is performing the clearance should determine the specific testing required. Also, the preoperative testing ordered will depend on the history and physical examination of the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.