

Case Number:	CM14-0027488		
Date Assigned:	09/12/2014	Date of Injury:	05/19/2012
Decision Date:	10/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 38-year-old gentleman was reportedly injured on May 19, 2012. The mechanism of injury was stated to be struggling with another person. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of right shoulder and right wrist pain. The physical examination demonstrated tenderness over the subacromial bursa of the right shoulder and tenderness over the first extensor compartment of the right wrist. Diagnostic nerve conduction studies of the upper extremities were normal. Previous treatment includes right shoulder surgery, physical therapy, injections, and braces. A request had been made for medical clearance and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov>(INTERVENTIONS AND PRACTICES CONSIDERED)

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, preoperative testing, general, updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured employee has been approved for a procedure on the right thumb that will be performed under local anesthesia. There is a history of high cholesterol and hypertension. Considering this, and the absence of active cardiovascular disease, the request for medical clearance is not medically necessary or appropriate.