

<b>Case Number:</b>	CM14-0027701		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Texas. 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 injured worker is a 64-year-old male with a reported injury on 03/18/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/27/2014 reported that the injured worker complained of increasing bilateral shoulder pain. The physical examination of the injured worker's right shoulder revealed range of motion demonstrating flexion to 178 degrees, extension to 40 degrees, abduction to 168 degrees, adduction to 40 degrees, internal rotation to 48 degrees, and external rotation to 35 degrees. It was reported that impingement test, Neer test, Hawkins-Kennedy, Codman drop arm, empty can, and Dawbarn's signs were positive on the right. The injured worker's diagnoses included right shoulder labral tear, right shoulder rotator cuff partial tear, status post right shoulder surgery in 1996, status post right shoulder surgery on 07/26/2011, status post right shoulder surgery on 08/26/2011, anxiety/depression, gastropathy, and gastroesophageal reflux disease. The injured worker's prescribed medication list was not provided within the clinical notes. The provider requested preoperative clearance due to planned surgery. The request for authorization was submitted on 02/28/2014. The injured worker's prior treatments were not provided within the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OP CLEARANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**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.

**Decision rationale:** The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. The provider did not indicate the specific preoperative testing within the request. There is a lack of medical diagnoses to indicate a specific testing for recommendation. The injured worker also fails to fit the criteria of any significant risk for cardiovascular illness, peripheral artery disease, or cerebrovascular disease. Therefore, the request is not medically necessary.