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| Case Number: | CM14-0029617 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 03/07/2012 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 Occupational 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 39-year-old female who has submitted a claim for cervical disc disease, status post right shoulder arthroscopy, right shoulder rotator cuff syndrome, status post right elbow lateral epicondylectomy, right wrist triangular fibrocartilage complex tear secondary to instability, carpal tunnel syndrome, and lumbar disc disease associated with an industrial injury date of 3/7/2012. Medical records from 2013 were reviewed. Patient complained of pain in the shoulders, right elbow, wrists, and lumbosacral spine, graded 10/10 in severity. The pain was described as stabbing, and dull radiating to bilateral upper extremities, associated with numbness and tingling sensation. Review of systems was unremarkable. Physical examination of the cervical spine showed decreased normal lordosis, tenderness, spasm, and restricted range of motion. Left shoulder range of motion was restricted on all planes. Impingement sign was positive at the left. Weakness was noted at the right wrist with hypersensitivity. Hyperhidrosis was still present at the left wrist, however, this has decreased since the right stellate ganglion block. Reflexes were normal. Treatment plan includes right shoulder arthroscopic debridement. Treatment to date has included physical therapy, right elbow surgery, right shoulder manipulation under anesthesia, and medications. Patient previously received stellate ganglion block resulting to 60% pain relief. She was able to sleep longer and to experience decrease in burning sensation. Utilization review from 1/10/2014 denied the request for pre-operative clearance examination because the requested surgical procedure was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CLEARANCE EXAMINATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER: PRE-OP TESTING.

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 chapter, Preoperative testing, General American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. ODG states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, current treatment plan is for right shoulder arthroscopic debridement. However, previous utilization review denied the request of surgical procedure. Moreover, patient has no comorbid conditions to warrant a pre-operative clearance. There is no clear indication for this request. Therefore, the request for preoperative clearance examination is not medically necessary.