

Case Number:	CM14-0032988		
Date Assigned:	04/18/2014	Date of Injury:	04/30/2012
Decision Date:	07/09/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 claimant is a 43-year-old female who was injured on April 30, 2012. Records indicate an injury to both the neck and the right shoulder for which the claimant has now failed a course of conservative care. It has been noted that surgical intervention to the shoulder in the form of an arthroscopy, subacromial decompression with distal clavicle excision and rotator cuff repair has been recommended. Surgical process has been approved by Utilization Review Process. There is specific request in regards to the claimant's perioperative course of care to include the need of preoperative course of care to approve the need of a preoperative chest x-ray, EKG and CBC. A prior clinical report of October 14, 2013 gives a review of medical history that states it is unremarkable with the exception of hypertension for which the individual takes blood pressure medications. No other medical history or recent treatment is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP LABS: CBC: 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/content.aspx?id=38289>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision), page 503.

Decision rationale: Based on California ACOEM Guidelines, the role of preoperative testing would not be indicated. This is an otherwise healthy 43-year-old female to undergo operative arthroscopy. At present, short of controlled hypertension, there is no documentation of medical history. Therefore, the request is not medically necessary.

PRE-OP LABS: ECG: 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/content.aspx?id=38289>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision), page 503.

Decision rationale: Based on California ACOEM Guidelines, the role of preoperative testing would not be indicated. This is an otherwise healthy 43-year-old female to undergo operative arthroscopy. At present, short of controlled hypertension, there is no documentation of medical history. The specific request for the preoperative test in question would not be indicated. Therefore, the request is not medically necessary.

PRE-OP LABS- CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 127 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision), page 503.

Decision rationale: Based on California ACOEM Guidelines, the role of preoperative testing would not be indicated. This is an otherwise healthy 43-year-old female to undergo operative arthroscopy. At present, short of controlled hypertension, there is no documentation of medical history. The specific request for the preoperative test in question would not be indicated. Therefore, the request is not medically necessary.