

Case Number:	CM14-0035693		
Date Assigned:	06/23/2014	Date of Injury:	05/20/2005
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 58-year-old female who was injured on 05/20/05. The clinical records provided for review include certification by the utilization review process on 03/12/14 for open reduction internal fixation of a scapular fracture. The records indicate that the claimant is also status post a recent 02/07/14 surgical arthroscopy, labral debridement, chondroplasty, subacromial decompression procedure. There was no documentation in the records of perioperative complications, anesthesias complications, or acute medical issues. This review is to determine the medical necessity retrospectively for preoperative medical clearance before the open reduction internal fixation of the scapula that occurred on 03/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation.

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, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines medical clearance prior to the open reduction internal fixation of the scapular fracture would not have been necessary. Prior to the surgery in question on 03/10/14, the claimant had undergone a February 2014 shoulder arthroscopy, debridement, subacromial decompression procedure with no indication of medical issues or anesthesia complications. There would be no indication for medical clearance for this claimant who had recently undergone surgery and anesthesia less than four weeks earlier as there was no documentation of an underlying medical issue or comorbid condition.