

Case Number:	CM14-0045027		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2010
Decision Date:	08/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 46-year-old female who reported an injury on 03/01/2010 due to a motor vehicle accident. The injured worker reportedly sustained an injury to her head, neck, upper back, left shoulder, left arm, and left hand. The injured worker's injuries were managed with conservative treatment that failed to resolve the patient's symptoms. Surgical intervention for the left shoulder was ultimately recommended. The injured worker was evaluated on 03/20/2014. It was noted that the injured worker had a history of arthritis and lupus. However, the injured worker did not have any physical findings or complaints of this disease process. Physical findings of the left shoulder documented no palpable tenderness over the acromioclavicular joint with full range of motion and negative Neer and Hawkins impingement sign. A request was made for preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Per-Operative 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/content.aspx>.

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, Pre-Operative Testing (general).

Decision rationale: California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend preoperative medical clearance for patients who have risk factors for intraoperative or postoperative complications. The clinical documentation submitted for review does indicate that the injured worker reportedly has a diagnosis of lupus. However, a review of symptoms did not provide any symptoms associated with that disease process. As this is a low risk ambulatory surgery and there no indicated risk factors or physical findings to support conditions that would contribute to intraoperative or postoperative complications, preoperative clearance would not be supported in this clinical situation. As such, the requested preoperative clearance is not medically necessary or appropriate.