

<b>Case Number:</b>	CM14-0055497		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 44 year old female who sustained an injury on 08/11/13 while lifting bags. The injured worker developed complaints of left shoulder pain with loss of range of motion. The injured worker did have initial physical therapy for a total of four to five sessions. The injured worker also had received Cortisone and steroid injections for the left shoulder. It appears that the total amount of physical therapy was twelve sessions. The injured worker reported no relief with left shoulder injections. Electrodiagnostic studies from 02/12/14 were noted to be normal. MRI studies of the left shoulder from 10/18/13 noted mild acromioclavicular hypertrophy with a type two acromion, increased signal within the rotator cuff compatible with partial thickness tearing, and no displaced labral tearing was noted. The injured worker was seen on 02/20/14 with complaints of continuing pain in the left shoulder. On physical examination, the injured worker had positive impingement signs present with mild weakness noted in the left upper extremity at the deltoid. The recommendation was for surgical intervention for the left shoulder followed by physical therapy. The injured worker was prescribed Ketoprofen at this evaluation. The requested preoperative chest Xray and preoperative EKG studies were both denied by utilization review on 04/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Chest X-ray:** Upheld

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

**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:** In regards to the request for preoperative chest X-ray, the surgical request for this injured worker was not felt to be medically appropriate. Therefore, there would be no requirement for any preoperative testing at this point in time. The request would not be recommended as medically necessary.

**Pre-Operative EKG:** Upheld

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

**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:** In regards to the request for preoperative electrocardiogram (EKG), the surgical request for this injured worker was not felt to be medically appropriate. Therefore, there would be no requirement for any preoperative testing at this point in time. The request would not be recommended as medically necessary.