

Case Number:	CM14-0068090		
Date Assigned:	07/11/2014	Date of Injury:	11/27/2012
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of November 27, 2012. A Utilization Review was performed on April 30, 2014 and recommended non-certification of medical clearance, antibiotics peri-op, EKG, and chest x-ray. A Progress Report dated April 29, 2014 identifies Interval History of pain with overhead activities as well as weakness noted in regard to the right shoulder. Physical Examination identifies positive Neer and Hawkins impingement sign. Range of motion is 0 to 160 degrees of forward flexion and abduction and internal rotation to L3. Assessment identifies history of work-related injury to right shoulder with rotator cuff tear remnant based on MRI studies of January 21, 2013. Plan identifies request submitted for diagnostic and operative arthroscopy based on MRI studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for "medical clearance", guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented. In the absence of such documentation, the currently requested "medical clearance" is not medically necessary.

Antibiotics peri-operative: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical practice guideline for the patient safety at surgery settings.

Decision rationale: Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, there is no documentation that surgery has been authorized. In addition, the specific antibiotic requested is unknown. In light of these issues, the currently requested antibiotics peri-operative is not medically necessary.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Neck Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for EKG, California MTUS and ACOEM do not contain criteria for the use of preoperative EKG. ODG states preoperative electrocardiogram is

recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Within the information made available for review, there is no indication of a high-risk surgery or intermediate-risk surgery with additional risk factors. In the absence of such documentation, the currently requested EKG is not medically necessary.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Regarding request for chest x-ray, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Within the medical information made available for review, there is no indication that the patient's clinical history, comorbidities, and physical examination findings suggest a preoperative evaluation is necessary. In the absence of such documentation, the currently requested chest x-ray is not medically necessary.