

<b>Case Number:</b>	CM14-0069335		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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:

This is a 53-year-old male who sustained a vocational injury on 05/05/09. Previous Utilization Review Determination has noted left shoulder arthroscopy, decompression, rotator cuff repair, partial distal clavicectomy to be noted as medically recommended. The current request is for authorization of preoperative management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Authorization of Preoperative Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Testing, General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** California MTUS ACOEM guidelines have been noted. California MTUS ACOEM guidelines note that consultations are typically provided to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss and/or the examinee's fitness for return to work. The consultant is usually asked to act in the capacity such as advisory but may sometimes take full responsibility for investigation and/or

treatment of an examinee or patient. The current request for preoperative management is quite vague. The request fails to identify specific information as regarded in regards to preoperative consultation with provider for medical management or preoperative clearance or the request is for appropriate preoperative testing which could include CBC, CNP, chest x-ray, EKG, or additional medical testing of the patient depending upon the claimant's comorbidities. Due to the lack of specificity with the current request, Preoperative Management cannot be considered medically necessary without further clarification of what is currently being requested.