

Case Number:	CM14-0079377		
Date Assigned:	07/18/2014	Date of Injury:	10/28/2012
Decision Date:	08/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/29/2014

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 24-year-old female cake decorator sustained an industrial injury on 12/28/12, due to continuous trauma. Past surgical history was positive for right carpal tunnel release on 3/6/13. Past medical history was non-contributory. The 10/21/13 right shoulder ultrasound documented findings compatible with a full-thickness tear of the supraspinatus tendon, fraying and tearing of the subscapularis tendon, biceps tendinosis, fraying of the infraspinatus tendon, and acromioclavicular joint hypertrophy. The 3/19/14 treating physician report indicated the patient had grade 5-9/10 right shoulder joint pain radiating into the shoulder blade and down the arm. Pain was increased raising the arm overhead, reaching out and behind, and with gripping, grasping, pushing, pulling, lifting and carrying. Right shoulder exam noted acromioclavicular joint tenderness, and positive Hawkin's and Jobe tests. Motor strength was 4/5 in abduction and external rotation. Range of motion was flexion 150, abduction 150, and external rotation 60-70 degrees, and internal rotation to T10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Overturned

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?id=38289#Section420> Title: Preoperative evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Given the risks of undergoing anesthesia and for analysis of approved laboratory testing, this request for preoperative medical clearance is reasonable. Therefore, this request for preoperative medical clearance is medically necessary.