

Case Number:	CM14-0088811		
Date Assigned:	07/23/2014	Date of Injury:	02/29/2012
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 Orthopedic Surgery and is licensed to practice in Texas, New Mexico and Nebraska. 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 patient is a 65 year old male who sustained an industrial injury on 02/29/2012. The mechanism of injury is unknown. He underwent a C3-C7 laminectomy, thoracic laminectomy, C-C7, T1 fusion on 10/31/2013. Anterior cervical discectomy at C4-C7, C5-C6 ORIF on 01/02/2013. Diagnostic studies reviewed revealed MRI of the left shoulder dated 01/17/2014 demonstrated small rim tear of the supraspinatus insertion site; moderate acromioclavicular bony capsular hypertrophy with mild mass effect on the supraspinatus musculotendinosis; mild to moderate glenohumeral joint osteoarthritis. Progress note dated 03/19/2014 states the patient presented with complaints of chronic pain in the left shoulder with decreased range of motion and increased nocturnal left shoulder pain. He reported weakness and paresthesia. On exam, there is tenderness to palpation of the left shoulder at the AC joint and supraspinatus tendon insertion. Range of motion is decreased to less than 40 degrees in flexion/extension and adduction; 5 degrees internal rotation and external rotation. Neuro exam revealed left grip 3/5. DTR's are 1+/1. Diagnoses are chronic pain syndrome, disorders of bursae and tendons in shoulder region unspecified; and partial tear of rotator cuff. He has been recommended to receive physical therapy. Prior utilization review dated 05/16/2014 states the request for a pre-operative EKG, CBC, and renal function panel has been denied as the surgery has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Orthopedic Surgeons.

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 - Lumbar & Thoracic, Preoperative electrocardiogram (ECG) Other Medical Treatment Guideline or Medical Evidence: <http://www.aafp.org/afp/2013/0315/p414.html>.

Decision rationale: The request for surgery has been denied according to the previous utilization review 5/2014, therefore the preoperative lab workup including EKG, CBC, and renal function panel is no longer warranted and is not medically necessary.

Pre-Operative CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons.

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 - Lumbar & Thoracic, Preoperative lab testing Other Medical Treatment Guideline or Medical Evidence: <http://www.aafp.org/afp/2013/0315/p414.html>.

Decision rationale: The request for surgery has been denied according to the previous utilization review 5/2014, therefore the preoperative lab workup including EKG, CBC, and renal function panel is no longer warranted and is not medically necessary.

Pre-Operative Renal Function Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons.

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 - Lumbar & Thoracic, Preoperative lab testing Other Medical Treatment Guideline or Medical Evidence: <http://www.aafp.org/afp/2013/0315/p414.html>.

Decision rationale: The request for surgery has been denied according to the previous utilization review 5/2014, therefore the preoperative lab workup including EKG, CBC, and renal function panel is no longer warranted and is not medically necessary.