

Case Number:	CM14-0092018		
Date Assigned:	09/19/2014	Date of Injury:	06/22/2012
Decision Date:	10/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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 injured worker is a 59 year-old male who sustained an industrial injury on 6/22/12, relative to a slip and fall. His past medical history was positive for hypertension, exertional shortness of breath, smoking (current one pack per day), kidney stones, and diverticulitis. Past surgical history was positive for right shoulder arthroscopy with subacromial decompression, extension debridement, acromioclavicular (AC) joint excision, biceps tenodesis, and rotator cuff repair on 9/5/12. The 2/5/13 left shoulder magnetic resonance imaging (MRI) impression documented moderate degenerative changes at the acromioclavicular (AC) articulation, type 3 acromion, and distal enostosis abutting the rotator cuff. There was small subacromial/subdeltoid effusion. There was distal supraspinatus/infraspinatus tendinosis with possible partial thickness infraspinatus and supraspinatus tears. There was no evidence of a full thickness tear. There were mild degenerative changes at the greater tuberosity and minor degenerative changes at the glenohumeral articulation. The injured worker had failed conservative treatment and surgical was recommended. The 5/22/14 utilization review certified the request for left shoulder arthroscopy with distal clavicle resection and subacromial decompression. The requests for pre-operative electromyography (EKG) and chest x-ray were denied as there was no medical history provided that would support the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Guidelines: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): pages 522-38

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an electromyography (EKG) may be indicated for injured workers with known cardiovascular risk factors or for injured workers with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged male smokers with known hypertension have increased cardiovascular risk factors to support the medical necessity of a pre-procedure electromyography (EKG). Therefore, this request is medically necessary. Cardiovascular risk factors have been identified. Past medical history was positive for hypertension and the injured worker is a one pack per day smoker.

Pre-Op Chest X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other medical guidelines: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. page 6

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination, or there is a history of stable chronic cardiopulmonary disease in an elderly injured worker (older than age 70) without a recent chest radiograph within the past six months. Guideline criteria have been met. This injured worker has a positive medical history for hypertension and exertional shortness of breath. Middle aged male smokers with hypertension and exertional shortness of breath have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary. Cardiopulmonary risk factors have been identified. Past medical history is positive for hypertension and exertional shortness of breath. The injured worker is a current one-pack per day smoker.