

Case Number:	CM14-0096064		
Date Assigned:	07/25/2014	Date of Injury:	03/14/2013
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The injured worker is a 57-year-old male who reported an injury on 03/14/2013. The mechanism of injury was not stated. The current diagnoses include right shoulder impingement syndrome, right knee internal derangement, right knee medial meniscus tear, right knee chondromalacia, and 7 months status post right knee surgery. The injured worker was evaluated on 05/20/2014 with complaints of right shoulder pain and weakness. Previous conservative treatment includes physical therapy, chiropractic treatment, acupuncture, anti-inflammatory medication, and a cortisone injection. It is noted that the injured worker is status post right knee surgery on 10/10/2013. Physical examination revealed tenderness to palpation over the deltoid complex, positive Neer and Hawkins testing, limited strength, limited range of motion, and diminished strength in the right lower extremity. Treatment recommendations included authorization for a right shoulder diagnostic arthroscopy with possible synovectomy, labral repair, subacromial decompression, distal clavicle excision, and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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 Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, there was no indication of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. There is also no indication that this injured worker's surgical procedure has been authorized. As such, the request for Pre-Operative Medical Clearance is not medically necessary and appropriate.