

Case Number:	CM14-0108288		
Date Assigned:	08/13/2014	Date of Injury:	04/05/2012
Decision Date:	01/05/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/11/2014

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:

The claimant is a 49-year old female who has reported left shoulder condition following an industrial injury on 04/05/12. A recent request for left shoulder surgery was denied. The provider is appealing the denial, stating that claimant has had conservative treatment such as physical therapy (physical therapy, medications, and a cortisone injection. An exam shows tenderness at the acromioclavicular joint, with flexion 80 and abduction. An MRI on 01/07/14 reportedly showed mild tenderness and mild osteoarthritis at the acromioclavicular joint, no rotator cuff tears; findings consistent with mild subacromial bursitis are present. Electromyography (EMG) showed moderate right carpal tunnel syndrome. X-rays showed acromioclavicular joint space loss with normal glenohumeral joint space for age. Exam note 4/21/14 demonstrates left shoulder pain. Exam demonstrates AC joint tenderness to palpation with flexion of 80 degrees and abduction of 80 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Preoperative testing general

Decision rationale: CA MTUS/ACOEM and ODG Shoulder Chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for pulmonary complaints requiring a chest-x-ray prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Preoperative testing general

Decision rationale: CA MTUS/ACOEM and ODG Shoulder Chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for cardiac symptoms requiring EKG prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Preoperative Urinalysis (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Preoperative testing general

Decision rationale: CA MTUS/ACOEM and ODG Shoulder Chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for urinary tract complaints prior to the proposed surgical procedure. Therefore the determination is not medically necessary.