

Case Number:	CM14-0019499		
Date Assigned:	04/21/2014	Date of Injury:	02/25/2013
Decision Date:	03/09/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 55 year old male who suffered a work related injury on 02/25/2013. The injured worker tripped and fell over a dock plate threshold. Diagnoses include left shoulder bursitis, rotator cuff tendonitis, and biceps tendonitis and acromioclavicular arthrosis. Documented treatment has included an injection, and medications. A physician progress note dated 12/04/2013 documents the injured worker's pain is rated 6 out of ten. He received an injection to his left shoulder which only improved the shoulder approximately 25%, it did, however reveal that he had more neck and back pain than he realized. His shoulder is significantly worse than the elbow and he would like to pursue treatment on the shoulder prior to proceeding with the treatment on the elbow. His elbow continues to have numbness and tingling into the ring and small finger, with no localized pain at the elbow itself. Examination of the left shoulder reveals tenderness to palpation in the biceps, the AC joint, and acromion. There is pain with range of motion. Speed's test and impingement are positive. There is decreased sensation in the ulnar nerve distribution of the hand. An ultrasound of the left shoulder, date not specified, documented that there were large rotator cuff tear and superior labral tear from anterior to posterior. The requested treatments are for distal clavicle resection, preoperative medical clearance, and pre-operative testing including laboratories, chest x-ray, and electrocardiogram. Utilization review dated 01/27/2014 non-certified the request for distal clavicle resection per Official Disability Guidelines. There was no documentation of post-traumatic change of the AC joint, or severe degenerative joint disease of the AC, or complete or incomplete separation of the AC joint, or a Bone scan being positive for AC joint separation as required for medical necessity. The request for preoperative testing

including laboratories, chest x-ray and electrocardiogram, and pre-operative clearance are non-certified. Pre-operative medical clearance, and laboratories, chest-x-ray and electrocardiogram are not medically necessary per Official Disability Guidelines. The requested procedure is defined as a low risk procedure and there was no past medical history provided to make the requested pre-operative clearance, laboratories, chest x-ray and electrocardiogram medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Distal Clavicle Resection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Mumford Procedure

Decision rationale: ODG indications for partial claviculectomy (Mumford procedure) include 6 weeks of conservative care, pain at the acromioclavicular joint with aggravation of the pain with shoulder motion or carrying weight, tenderness over the acromioclavicular joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of post-traumatic changes of acromioclavicular joint or severe degenerative joint disease of acromioclavicular joint. The documentation provided indicates pain over the acromioclavicular joint and evidence of tenderness in that area and some improvement with an injection. Acromioclavicular arthritis is documented in the progress notes. This was documented on the x-rays, MRI scan, and Ultrasound. If partial claviculectomy is not performed at the time of surgery, progressive degenerative changes are likely with need for a subsequent surgical procedure. As such, the request for a Mumford procedure as part of the shoulder surgery is appropriate and the medical necessity is established.

Preoperative testing including: Laboratories, Chest X-Ray, and Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 12/04/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Pre-operative testing, general, Pre-operative testing, lab, Pre-operative testing, electrocardiography.

Decision rationale: With regard to the request for preoperative testing, ODG guidelines are used. The guidelines do not recommend preoperative electrocardiography for low risk surgical procedures. Arthroscopic surgery of the shoulder is considered a low risk procedure and therefore preoperative electrocardiography is not recommended. With regard to lab testing, the guidelines recommend a thorough history and physical examination to determine comorbidities.

Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. A complete blood count as indicated in patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose him to bleeding or those taking anticoagulants. With regard to a preoperative chest x-ray, the decision should be guided by the patient's clinical history, comorbidities, and physical examination findings. Routine testing is not recommended. The available medical records do not include evidence of comorbidities that may necessitate the above studies. As such, the request for preoperative electrocardiography, laboratory testing, and chest x-ray is not supported by guidelines and the medical necessity is not substantiated.

Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Low Back (updated 12/04/13)
Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Section: Low Back, Topic: Pre-operative testing, general

Decision rationale: The decision to request a medical consultation also depends upon the results of the history and physical examination which will determine comorbidities. A history and physical examination is included as part of the surgery package. If a careful history and thorough physical examination finds evidence of comorbidities that necessitate additional workup and consultation prior to the surgical procedure, a medical consultation will be appropriate. However, routine medical clearance for low risk procedures is not indicated. In the absence of documented comorbidities, the request for a medical clearance is not supported and as such the medical necessity is not established.