MAXIMUS Federal Services

Case Number:	CM14-0183334		
Date Assigned:	11/10/2014	Date of Injury:	04/04/2013
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 40 year old male who sustained an industrial injury due to cumulative trauma from Dec 31, 2011 to December 31, 2012. An MRI of the lumbar spine from 08/15/14 showed 2-3 mm posterior disc bulge with moderate left neural foraminal narrowing at L4-5, posterior annular tear seen at L5-S1 and 4-5mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. An MRI of the right shoulder on the same date showed complete tear of supraspinatus tendon and AC joint osteoarthritis. His diagnoses included right shoulder rotator cuff tear, subacromial impingement, bilateral knee pain, lumbar spine sprain/strain, carpal tunnel syndrome and bilateral hand pain. His other medical problems included hyperlipidemia. The Orthopedic surgery note from 10/07/14 was reviewed. His complaints included right shoulder pain, headache, lower back pain, bilateral hand pain and bilateral knee pain. On examination he was noted to have positive Neer and Hawkin's test on the right, anterior glenohumeral and biceps tendon tenderness on the right, normal gait, limited forward lumbar spine bend to 70 degrees, negative straight leg raising test and Faber test was positive bilaterally. The request was for right shoulder subacromial decompression and postoperative pain medications. The request was also for Internal medicine preoperative consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation, bilateral knee, hand, wrist and shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

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 and lumbar disorders, Preoperative testing

Decision rationale: The employee was a 40 year old male who sustained an industrial injury due to cumulative trauma from Dec 31, 2011 to December 31, 2012. An MRI of the lumbar spine from 08/15/14 showed 2-3 mm posterior disc bulge with moderate left neural foraminal narrowing at L4-5, posterior annular tear seen at L5-S1 and 4-5mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. An MRI of the right shoulder on the same date showed complete tear of supraspinatus tendon and AC joint osteoarthritis. His diagnoses included right shoulder rotator cuff tear, subacromial impingement, bilateral knee pain, lumbar spine sprain/strain, carpal tunnel syndrome and bilateral hand pain. His other medical problems included hyperlipidemia. The Orthopedic surgery note from 10/07/14 was reviewed. His complaints included right shoulder pain, headache, lower back pain, bilateral hand pain and bilateral knee pain. On examination he was noted to have positive Neer and Hawkin's test on the right, anterior glenohumeral and biceps tendon tenderness on the right, normal gait, limited forward lumbar spine bend to 70 degrees, negative straight leg raising test and Faber test was positive bilaterally. The request was for right shoulder subacromial decompression and postoperative pain medications. The request was also for Internal medicine preoperative consultation. According to Official Disability guidelines, preoperative testing including EKG, laboratory testing and further studies are mostly obtained because of protocol rather than medical necessity. The guidelines further add that the decision to order tests should be guided by the patient's clinical history, co morbidities and physical examination findings. Patients with symptoms or signs of cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. Electrocardiogram is recommended for patients undergoing high risk surgery or those undergoing intermediate risk surgeries with additional risk factors. The employee was being considered for shoulder arthroscopy which is an intermediate risk procedure. He was 40 years old and had no significant medical problems. Hence the request for preoperative medical clearance is not medically necessary or appropriate given the lack of significant co morbid conditions.