

Case Number:	CM14-0183581		
Date Assigned:	11/13/2014	Date of Injury:	02/05/2013
Decision Date:	03/25/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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: New York
 Certification(s)/Specialty: Neurological 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 47 year old female worker sustained an industrial injury slipping and falling in a freezer when she was putting up the last case of bagels on the top shelf on 02/05/2013. According to the agreed upon orthopedic medical re-evaluation of 08/28/2014 her hip, shin, left side and leg hit the floor. Afterwards she complained of constant shoulder, cervical spine, thoracic, elbow and arm pain. She received chiropractic therapy and acupuncture as well as medications and topical compounds with recommendations for a home exercise programs, MRI scans and EMG and NCVs. She received an injection to her shoulder. She had left shoulder surgery on 08/01/2013. The PR2 dated 09/10/2014 described the patient continuing with improvement after left shoulder surgery; however, she was having significant left knee and right shoulder problems. She complained of left knee pain, popping, catching, clicking and right shoulder pains. The right shoulder pain occurred with reaching upwards overhead, lifting and going through range of motion. Physical examination found right shoulder tenderness along the anterior acromial margins. Left shoulder incisions noted healed. Flexion is 165 degrees, internal rotation is 50 degrees, external rotation is 60 degrees. left knee range of motion is 0-140 degrees with tender medial joint line and a positive McMurray's test. She was diagnosed with bilateral shoulder pain and dysfunction, bilateral shoulder impingement, bilateral shoulder AC joint arthrosis, right shoulder rotator cuff tendinosis and small partial thickness tear, left shoulder RIM-RENT full thickness anterior supraspinous tendon tear with slight retraction, status post left shoulder surgical repair 0/01/2013 and left knee medial meniscus tear, chondromalacia, ACL sprain and injected on 08/13/2014. She was thought to have failed a lengthy course of conservative care for

the right shoulder and left knee involving physical therapy, anti-inflammatories, home exercise program, and steroid injections. Recommendation was made for staged left knee and right shoulder arthroscopies. On 10/03/2014 Utilization Review non-certified requests for pre-operative clearance to include laboratory work up, chest radiography, electrocardiogram and a left knee partial meniscectomy, noting the Official Disability Guidelines Knee, Leg and Back were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Electrolytes, Creatine and Glucose: 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 Physical Therapy Chapter According to the ODG guidelines-Pre-Operative Lab testing

Decision rationale: According to the ODG guidelines random glucose testing is recommended in patients who are at high risk of undiagnosed diabetes mellitus. Documentation does not show evidence this is the case for this worker. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and taking medications that would predispose them to electrolyte abnormalities or renal failure. Again evidence to show this is not presented in the documentation. Thus the requested treatment: Associated surgical service: Electrolytes, Creatine and glucose is not medically necessary or appropriate.

Associated surgical service: Pre-op 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 Physical Therapy Chapter-Pre-operative testing general

Decision rationale: According to the ODG guidelines-Preoperative testing e.g. chest radiography is reasonable for patients at risk of postoperative pulmonary complications if results would change perioperative management. Documentation does not present evidence that this is the case. There is no mention of pulmonary complications associated with her prior operations. Therefore, the associated surgical service of a pre-operative chest x-ray is not medically necessary or appropriate.

Associated surgical service: Pre-op EKG: 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 Physical therapy Chapter-preoperative electrocardiogram (ECG)

Decision rationale: According to the ODG guidelines an electrocardiogram is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Documentation is not provided to suggest this worker is being considered for high risk surgery. Documentation is not provided to suggest the worker has additional risk factors for coronary disease. Thus the associated surgical service of a pre-op EKG is not medically necessary or appropriate.

Associated surgical service: Pre-op clearance: 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 Physical Therapy-Preoperative testing, general

Decision rationale: According to the ODG guidelines an alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complaints may be to conduct a history and physical examination with selective testing based on the clinicians findings. The operating surgeon has the training and expertise to conduct such a history and examination and then may obtain consultation if it is so indicated. Documentation does not disclose evidence of comorbidities to suggest such consultations are imminently needed for this worker. Thus the associated surgical service: Pre-op clearance is not medically indicated or appropriate.