

Case Number:	CM14-0190428		
Date Assigned:	11/21/2014	Date of Injury:	11/24/2012
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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:

This is a 73-year-old male with an 11/24/12 date of injury. The mechanism of injury occurred as the result of a fall. According to a progress report dated 9/24/14, the patient saw an orthopedic surgeon, who recommended left shoulder surgery. He had an ESI performed on 8/19/14 with good relief. He complained of constant right shoulder pain radiating to the cervical/thoracic spine and upper arm. He also reported constant left shoulder pain radiating to the arm and mid back with numbness, weakness, and cramping. Objective findings: tenderness to palpation of lumbar paravertebral muscles, painful ranges of motion of right shoulder and left shoulder, tenderness to palpation of bilateral acromioclavicular joints, anterior shoulders, lateral shoulders, and posterior shoulders. Diagnostic impression: lumbar disc displacement, lumbar facet syndrome, lumbar radiculitis, right and left shoulder internal derangement. Treatment to date: medication management, activity modification, ESI. A UR decision dated 10/15/14 denied the requests for pre-operative medical clearance and inpatient 1-2 days. A separate UR decision dated 10/15/14 denied the request for reverse total arthroplasty for left shoulder. The surgery is not approved and the guidelines are not satisfied and the documentation not adequate for approval of these requests.

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: 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 Lab Testing

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In the present case, it is noted that a separate UR decision dated 10/15/14 denied the request for reverse total arthroplasty for left shoulder. However, since the initial operative request was not found to be medically necessary, this associated pre-operative request cannot be substantiated. Therefore, the request for Pre-Operative medical clearance was not medically necessary.

Inpatient 1-2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital Length of stay (LOS)

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-Hospital Length of Stay (LOS)

Decision rationale: CA MTUS does not address this issue. ODG recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. In the present case, it is noted that a separate UR decision dated 10/15/14 denied the request for reverse total arthroplasty for left shoulder. However, since the initial operative request was not found to be medically necessary, this associated post-operative request cannot be substantiated. Therefore, the request for Inpatient 1-2 Days was not medically necessary.