

<b>Case Number:</b>	CM14-0204111		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of August 23, 2013. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a preoperative history and physical, denied a chest x-ray, denied an EKG, denied venipuncture, denied spirometry, and denied a followup evaluation, and partially approved Norco. The claims administrator referenced a November 5, 2014 progress note in its determination. In a November 26, 2014 progress note, the attending provider noted that the applicant would remain off of work, on total temporary disability, from an earlier shoulder arthroscopy of November 17, 2014. The applicant did have a history of hypertension, it was noted. The applicant's wounds were healing nicely. Postoperative physical therapy was endorsed. Sutures were removed. In an operative report dated November 17, 2014, the applicant underwent right shoulder arthroscopy with extensive intraarticular debridement of the labrum, synovectomy, chondroplasty, microtenotomy, bursectomy, and anterior acromioplasty procedure. In an October 30, 2014 progress note, the applicant reported ongoing complaints of shoulder pain at age 56. The applicant did have a history of hypertension and prior appendectomy. Shoulder arthroscopy and Norco were endorsed. In an RFA form dated November 5, 2014, preoperative history and physical, chest x-ray, EKG, venipuncture, spirometry, and a follow-up visit to review test results was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 office visit history and physical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery general information and ground rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8, page183.

**Decision rationale:** Yes, the proposed visit-history and physical to assess preoperative risk was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 9 does not specifically address the topic of preoperative evaluations, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 183 does recommend careful preoperative education of the applicant regarding expectations, complications, and short- and long-term sequela of surgery. A preoperative office visit-preoperative history and physical to stratify the applicant's perioperative risk factors was, thus, indicated here. Therefore, the request was medically necessary.

**1 x-ray of the chest:** 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 Medscape, Preoperative Testing Article

**Decision rationale:** The request for a chest x-ray, conversely, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. Medscape notes that routine chest x-ray testing is recommended only for applicants between 60 to 70 years of age unless underlying heart or lung is a possibility. Here, the attending provider did not clearly state that heart or lung disease were possibilities. No clear compelling rationale for the chest x-ray was furnished by the attending provider. Rather, it appeared that the chest x-ray was being ordered in conjunction with several other preoperative tests for routine evaluation purposes with no clear intention of acting on the results of the same. The attending provider's progress note contained no references to issues with suspected heart disease, heart failure, and/or severe obesity for which a chest x-ray testing could have been indicated. The applicant was less than 60 years of the age as of the date of the request (age 56). Therefore, the request was not medically necessary.

**1 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 Medscape, Preoperative Testing Article

**Decision rationale:** Similarly, the EKG was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted by Medscape, routine preoperative EKG testing is not recommended in asymptomatic applicants without any clinical risk factors, who are about to undergo a low risk surgery. Here, the shoulder arthroscopy procedure, which the applicant underwent, by all accounts, was a low risk surgery. Preoperative EKG testing, was not, thus, indicated here. Therefore, the request was not medically necessary.

#### **1 venipuncture: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute of Clinical Systems Improvement, Preoperative evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article

**Decision rationale:** The request for a venipuncture to perform laboratory testing was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, Medscape's Preoperative Testing Article does recommend a change in serum creatinine levels in all applicants over 50 years of age who are expected to undergo surgical intervention. Here, the applicant was 56 to 57 years old on or around the date of surgery in question transpired. Performing venipuncture to obtain the applicant's serum creatinine level was, thus, indicated here. Therefore, the request was medically necessary.

#### **Spirometry: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Medical Specialty Society, 2006 April 18

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Pulmonary Function Testing Article

**Decision rationale:** The request for spirometry was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While Medscape does acknowledge pulmonary function testing/spirometry can be employed to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, evaluate respiratory impairment, evaluate operative risk, and/or perform surveillance for occupational-related lung disease, in this case, however, it was not clearly stated what was sought via the spirometry at issue. It was not clearly stated what was suspected. The November 5, 2014 RFA form contained no references to the applicants having suspected pulmonary disease. There was no mention of the applicant having issues with dyspnea, orthopnea, shortness of breath, etc, which would compel the spirometry testing at issue. The attending provider did not state that he suspected some underlying pulmonary pathology which would result in heightened perioperative risk care. Therefore, the request was not medically necessary.

**1 follow up evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8, page183.

**Decision rationale:** The request for a follow-up evaluation was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 9 does not address the topic of preoperative evaluations. However, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 183 notes that careful preoperative education of the applicant regarding expectations, complications, short- and long-term sequela of surgery is "recommended." Here, the attending provider did suggest that the applicant undergo preoperative history and physical with another provider, presumably an internist and anesthesiologist, to stratify the applicant's perioperative risk factors and obtain laboratory test such as the creatinine value and associated venipuncture approved above. A follow-up visit with the provider performing the history and physical to go over various labs, including the venipuncture approved above, was indicated. Therefore, the request was medically necessary.

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen Page(s): 91.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids such as Norco (hydrocodone-acetaminophen) are indicated for moderate to moderately severe pain. Here, the applicant did undergo a fairly extensive arthroscopic shoulder surgery with ancillary procedures including bursectomy, acromioplasty, subacromial decompression, extensive intraarticular debridement, extensive intraarticular synovectomy and chondroplasty, labral debridement, microtenotomy, etc., on November 17, 2014. The applicant could, thus, be reasonably or plausibly expected to have pain in the moderate-to-moderately severe range immediately following the surgical procedure, which transpired on November 17, 2014. Provision of Norco was indicated to combat the same. Therefore, the request was medically necessary.