

Case Number:	CM14-0216507		
Date Assigned:	01/06/2015	Date of Injury:	02/05/2013
Decision Date:	08/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 injured worker is a 36 year old male, who sustained an industrial injury on 2/5/13. The injured worker has complaints of right shoulder discomfort and limited range of motion. The cervical spine reveals loss of lordosis and there is tenderness over the paracervical muscles and over the mid and upper trapezius. Lumbosacral spine examination revealed tenderness over the paraspinal muscles and decrease range of motion with anterior flexion of the trunk. Right shoulder examination revealed minor tenderness over the anterolateral aspect and left shoulder examination revealed decreased range of motion. The diagnoses have included left shoulder impingement syndrome with rotator cuff tendinosis and acromioclavicular osteoarthritis. Treatment to date has included therapy and injections. The request was for pre-op medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content>.

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 testing, General.

Decision rationale: The MTUS is silent on preoperative testing. The ODG states that: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing". The medical records fail to demonstrate any clinical history making this patient at high risk requiring pre-op testing. The treating physician does not detail any comorbidities, clinical history or physical exam findings as listed above. Additionally, the treating physician does not detail what services are being requested. As such, the request for Pre-op medical clearance is not medically necessary.