

Case Number:	CM14-0041958		
Date Assigned:	06/20/2014	Date of Injury:	10/17/2013
Decision Date:	08/19/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/11/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 38-year-old male who sustained an industrial injury on 10/17/13. Injury occurred while to repetitive stocking of car batteries on a 6-foot high shelf. Family history was positive for hypertension and diabetes. Records documented an elevated blood pressure readings. The 12/18/13 right shoulder MRI impression documented outlet impingement secondary to acromioclavicular joint changes, small-thickness fenestrated tear of the distal supraspinatus tendon, and mild to moderate proximal tendinopathy change within the mid portion of the supraspinatus tendon. There was mild muscular atrophy of the supraspinatus muscle. There was subscapularis tendinopathy without tear, and the biceps tendon and anchor were intact with no labral tear demonstrated. The 2/24/14 treating physician report cited right shoulder pain. Physical exam documented height 5'7", weight 240 pounds, significant loss of right shoulder flexion and abduction, positive impingement tests, painful arc of motion, and 4/5 flexion, abduction and external rotation strength. Imaging confirmed a full thickness rotator cuff tear. He had failed physical therapy, corticosteroid injection, and medications. Authorization was requested for right shoulder arthroscopic rotator cuff repair, 12 visits of post-op therapy, post-op durable medical equipment, and pre-operative clearance. The 3/10/14 utilization review certified the surgical request along with post-op physical therapy and durable medical equipment. The request for pre-operative clearance was non-certified based on the patient's age and no history of existing medical problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web site (<http://www.brighamandwomans.org/gms/Medical/preopprotocols.aspx>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on patient age, potential hypertension, elevated body mass index, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.