

Case Number:	CM15-0000671		
Date Assigned:	01/12/2015	Date of Injury:	03/18/2002
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 patient who sustained an industrial injury on 03/18/2002. He sustained the injury due to cumulative trauma. He has reported pain to the bilateral shoulders. The diagnoses have included right and left shoulder full thickness rotator cuff tear and impingement syndrome. He was approved for right shoulder surgery (arthroscopy) in 4/2014, but he chose to wait 6 months until he was finished travelling. Per the doctor's note dated 11/14/2014, patient would like to proceed with right shoulder surgery. The physical examination of the right shoulder revealed positive Hawkins and Neer impingement signs, pain with positive arc from 90 to 110 degrees active forward flexion, forward elevation and abduction. The medications list includes terocin patches. He has had MR right shoulder arthrogram dated 2/29/2012 which revealed full thickness rotator cuff tear with retraction of supraspinatus tendon. He has undergone a left arthroscopic rotator cuff repair and subacromial decompression, distal clavicle resection and biceps tenodesis on 11/3/2010. He has had physical therapy visits for this injury. Recently patient was presented in ER on 12/4/2014 for complaints of irregular heartbeat and diagnosed atrial fibrillation with rapid ventricular response. The patient was treated with metoprolol. He has had chest X-ray on 12/4/2014 with normal findings and lab tests on 12/4/2014 including CBC, CMP, PT and INR. On 12/8/2014, Utilization Review non-certified a pre-operative medical clearance, noting that operative intervention was not established. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/2/2015, the injured worker submitted an application for IMR for review of pre-operative 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request: Pre-Op Medical Clearance Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided this 73 years old patient was approved for right shoulder surgery (arthroscopy) in 4/2014, but he chose to wait 6 months until he had finished travelling. Per the doctor's note dated 11/14/2014, patient would like to proceed with right shoulder surgery. Recently patient was presented in ER on 12/4/2014 for complaints of irregular heartbeat and diagnosed atrial fibrillation with rapid ventricular response. The patient was treated with metoprolol. He has had chest X-ray on 12/4/2014 with normal findings and lab tests on 12/4/2014 including CBC, CMP, PT and INR. It is medically necessary to screen the patient for significant cardiac conditions before proceeding for surgery. The request for pre op medical clearance is medically appropriate and necessary before proceeding for surgery.