

Case Number:	CM15-0004400		
Date Assigned:	01/12/2015	Date of Injury:	01/24/2013
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male with a reported date of injury of 01/24/2013. The injured worker reportedly suffered a left shoulder injury when on the rolling door of his truck. Prior conservative treatment includes medication management and physical therapy. The injured worker is status post arthroscopic rotator cuff repair in 2009. On 10/07/2014 the injured worker presented for evaluation of the left shoulder injury. The injured worker reported constant, mild, dull left shoulder pain which intermittently increased to sharp and severe pain. The pain was relieved somewhat by rest and medication. Examination of the left shoulder revealed well healed surgical incisions, 2+ tenderness along the anterior joint line and anterior border of the acromion, markedly reduced range of motion with flexion at 60 degrees, extension at 30 degrees, abduction at 45 degrees, and internal/external rotation at 60 degrees. There was 1+ crepitus and 4/5 weakness. Recommendations included a reverse total shoulder replacement arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative nuclear, office visit for cardiac 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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's medical history, comorbidities, and physical examination findings. It was noted that the injured worker was recommended to undergo a reverse total shoulder arthroplasty. However, there was no documentation of a significant medical history or any comorbidities that would support the necessity for preoperative clearance. As such, the request is not medically appropriate at this time.