

Case Number:	CM15-0132095		
Date Assigned:	07/20/2015	Date of Injury:	10/30/2009
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 56-year-old female who sustained an industrial injury on 10/30/09. The mechanism of injury was not documented. The 7/1/13 left shoulder MRI documented mild tendinosis of the distal supraspinatus tendon, no rotator cuff tear, and findings suggestive of mild subdeltoid/subacromial bursitis. There was mild left acromioclavicular joint atrophy. The 6/29/15 treating physician narrative report cited persistent constant left shoulder pain radiating into the upper extremity, improved neck pain radiating into both shoulders and the left upper extremity, and improved low back pain radiating the left lower extremity. The injured worker had significant left shoulder pain and impingement, with improvement noted following a subacromial injection on 3/18/14 and continued home exercise. She suffered a flare-up in June 2014 and was referred for orthopedic consult. The orthopedic surgeon recommended left shoulder arthroscopic and mini-operative rotator cuff decompression and associated pre-op internal medicine evaluation for clearance. Surgery was been denied in utilization review and at the IMR level. She had failed physical therapy and home exercise program. She reported medication induced gastritis and dyspepsia relative to anti-inflammatory use relieved with Prilosec. Left shoulder exam documented global tenderness, mild left upper extremity weakness, and decreased left C6 sensation. Range of motion was reported pain with flexion 160, extension 40, adduction 40, abduction 130, internal rotation 80, and external rotation 90 degrees. Authorization was requested for pre-operative internal medicine evaluation to provide medical clearance as an out-patient. The 7/6/15 utilization review non-certified the request for

pre-operative internal medicine evaluation to provide medical clearance as an out-patient as the associated surgery was not determined to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative internal medicine evaluation to provide medical clearance as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127; Official Disability Guidelines (ODG), Section: Shoulder (Acute & Chronic); Indications for Surgery-Rotator cuff repair.

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. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. This request would be reasonable if surgery is certified. However, there is no indication in the submitted medical records that the associated left shoulder surgery has been found medically necessary. Therefore, this request is not medically necessary at this time.