

Case Number:	CM15-0139390		
Date Assigned:	07/29/2015	Date of Injury:	03/12/2015
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 3-12-2015. He reported neck and left shoulder pain. Diagnoses have included cervical spine strain, rule out cervical radiculopathy and left shoulder superior labral tear and tear of the long head the biceps. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 6-16-2015, the injured worker complained of left shoulder pain rated six out of ten and neck pain rated six to seven out of ten. He also reported low back pain. Objective findings revealed decreased range of motion of the left shoulder. Neer's impingement test was positive on the left. The treatment plan was for left shoulder surgery. The injured worker was temporarily totally disabled. Authorization was requested for pre-operative medical clearance to include labs, electrocardiogram and a physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance to include labs Electrocardiography (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 5, page 75 and Chapter 7 page 127.

Decision rationale: This claimant was injured in March. Diagnoses have included cervical spine strain, rule out cervical radiculopathy and left shoulder superior labral tear and tear of the long head the biceps. As of June 2015, there was left shoulder and low back pain. Objective findings revealed decreased range of motion of the left shoulder. Neer's impingement test was positive on the left. The treatment plan was for left shoulder surgery. Per the California MTUS, specifically the ACOEM guidelines Chapter 5, page 75, other health-care professionals who treat work-related injuries can make an important contribution to the appropriate management of symptoms. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the certification status of the surgery is not known. The request was appropriately non-certified under MTUS criteria and therefore is not medically necessary.

Pre-op medical clearance to include labs physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>. National Institute of Health.

Decision rationale: As previously shared, this claimant was injured in March. Diagnoses have included cervical spine strain, rule out cervical radiculopathy and left shoulder superior labral tear and tear of the long head the biceps. As of June 2015, there was left shoulder and low back pain. Objective findings revealed decreased range of motion of the left shoulder. Neer's impingement test was positive on the left. The treatment plan was for left shoulder surgery. The MTUS and ODG are silent on blood tests and physicals. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests and it is not clear the impact on improving the patient's functionality post injury or as a preoperative screen. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriate non-certified under the medical sources reviewed and therefore is not medically necessary.

