

Case Number:	CM15-0143343		
Date Assigned:	08/04/2015	Date of Injury:	09/11/2014
Decision Date:	09/01/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 with an industrial injury dated 09-11-2014. His diagnoses included rotator cuff and labral tear of the right shoulder and rule out rotator cuff tear of the left shoulder. Prior treatment included physical therapy, medications and activity modification. He presents 07-09-2015 with complaints of pain in his right shoulder with numbness and tingling in the hands. He was currently not working. Physical exam revealed cervical spine range of motion was 80% of normal. There was no paraspinal tenderness to palpation and no increased pain with percussion of the spine. Physical exam of the shoulders noted tenderness over the coracoacromial arch. Hawkins-Neer impingement signs were positive. The injured worker had weakness of the rotator cuff. Jobe's test for supraspinatus tendinopathy was positive. Obrien's test was positive. MRI (as documented by the provider) showed full thickness tear of the distal supraspinatus tendon with further high grade partial thickness undersurface tearing extending medially to the musculotendinous junction. Treatment plan included MRI, surgery and preoperative evaluation after the MRI. The treatment request is for pre-op evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op evaluation: 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), Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2013/0315/p414.html>.

Decision rationale: Pursuant to the American Family Physician, preoperative evaluation is not medically necessary. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change peri-operative management. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change peri-operative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. In this case, the injured worker's working diagnoses are rotator cuff and labrum tear right shoulder. The date of injury is September 11, 2014. The request for authorization is July 13, 2015. According to a July 9, 2015 progress note, the injured worker is to be scheduled for a right shoulder arthroscopy. The injured worker is 41 years old with no significant past medical history. There was a peer-to-peer conference call initiated by the utilization review provider to the treating provider. The treating provider agreed with the non-certification of the request (preoperative evaluation) based on the injured workers age and lack of significant past medical history. Similarly, laboratory testing was not required based on the injured workers age and lack of significant past medical history. Consequently, absent compelling clinical documentation for preoperative testing in a 41-year-old man with no significant past medical history, preoperative evaluation is not medically necessary.