

<b>Case Number:</b>	CM15-0147789		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Dentist

### 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 was a 61 year old female, who sustained an industrial injury, October 21, 2013. The injured worker previously received the following treatments Oxycontin, PICC (peripherally inserted central catheter) line, IV (intravenous) antibiotics and bone scan. The injured worker was diagnosed with left shoulder pain and left shoulder infection. According to progress note of May 29, 2015, the injured worker's chief complaint was ongoing left shoulder pain. The bone scan suggested loosening of all implants with possible infection. The C reactive protein and sedimentation rates were elevated. The physical exam noted limited range of motion to the left shoulder. The sensation of the left shoulder was intact. The injured worker was being treated with a PICC line and IV antibiotics. The injured worker was having an implant replacement of the left shoulder. On July 15, 2015, the injured worker was changing all the appointments due to no transportation. The treatment plan included pre-operative clearance and dental treatment and transportation for 3 pre-operative and 2 postoperative visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op dental clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id-48408>; <http://www.ncbi.nlm.nih.gov/pubmed/24851786>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Records reviewed indicate that on recent visit date 07/06/15 [REDACTED] states that patient has a complex history with a reverse TSA being placed with some type of infection that was debrided and treat with PICC abx. Attending doctor states that it is unclear whether the infection communicated with the joint but that appears likely. He plans reverse arthroplasty of left shoulder. Treating medical doctor is recommending patient to attend dental appointment for dental clearance prior to surgery. Based on ACOEM Guidelines, Chapter 7, Page 127, 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. This reviewer finds this request for pre-op dental clearance is medically necessary for clearance prior to surgery. This patient may benefit from additional expertise.

**Dental treatment:** 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 page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that on recent visit date 07/06/15 [REDACTED] states that patient has a complex history with a reverse TSA being placed with some type of infection that was debrided and treat with PICC abx. Attending doctor states that it is unclear whether the infection communicated with the joint but that appears likely. He plans reverse arthroplasty of left shoulder. Treating medical doctor is recommending unspecific dental treatment. It is unclear to this reviewer what kind of specific dental treatment patient needs and why. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

**Transportation x3 for pre-op clearance and post-operative visits x 2:** 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) Knee & Leg (updated 02/27/2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that on recent visit date 07/06/15 [REDACTED] states that patient has a complex history with a reverse TSA being placed with some type of infection that was debrided and treat with PICC abx. Attending doctor states that it is unclear whether the infection communicated with the joint but that appears likely. He plans reverse arthroplasty of left shoulder. Treating medical doctor is recommending Transportation x3 for pre-op clearance and post-operative visits x 2. However, in the records provided, there is insufficient documentation to medically justify the need for Transportation x3 for pre-op clearance and post-operative visits x 2. Records indicate that transportation to surgery has already been approved via email from [REDACTED]. Absent further detailed documentation and clear rationale, the medical necessity for this Transportation x3 for pre-op clearance and post-operative visits x 2 request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.