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| Case Number: | CM15-0149004 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 06/05/2014 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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, Oregon, Washington
 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:

The injured worker is a 49 year old female with an industrial injury dated 06-05-2014. The injured worker's diagnoses include cervicgia, right acromioclavicular joint (AC) joint degenerative joint disease right shoulder impingement and right lateral epicondylitis. Treatment consisted of diagnostic studies, prescribed medications, cortisone injections, physical therapy and periodic follow up visits. In a progress note dated 06-10-2015, the injured worker reported neck pain with associated headaches with radiation down the mid scapular region to the right shoulder and down the right arm. The injured worker rated pain 8 out of 10 with medication and a 9 out of 10 without medication. Objective findings revealed tenderness to palpitation over the acromioclavicular joint (AC) joint on the right and over the anterior lateral aspect of the right shoulder, decrease sensation of the upper extremities over the right median distribution and decrease right shoulder range of motion. Positive impingement sign and positive cross arm on the right were also noted on exam. The treatment plan consisted of right shoulder surgery and associated surgical services. The treating physician prescribed services for pre-operative X-rays, post-operative physical therapy 3 weeks for 6 weeks for right shoulder and pre-operative medical clearance, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical 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, Preoperative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, co-morbidities and physical examination findings. ODG states, "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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. 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." Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 49 year old without co-morbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Pre operative X-rays: 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 Feely et al (Am Fam Physician. 2013 Mar 15; 87(6): 414-418) in "Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations".

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative x-rays. It is unclear from the provided medical records if the x-rays requested are of the shoulder or of the chest. Due to this lack of specification the request is deemed to be not medically necessary. According to Feely et al (Am Fam Physician. 2013 Mar 15; 87(6): 414-418) in "Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations" "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." There is nothing in the clinical note from 6/10/15 that would indicate a preoperative chest x-ray is necessary per this guideline. Therefore, the request is not medically necessary.

Post-operative physical therapy 3 weeks for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Per the CA MTUS/ Post Surgical Treatment Guidelines, page 27, 24 visits is authorized over 10 weeks following surgery for arthritis. This patient has acromioclavicular arthritis. The initial course of postoperative physical therapy is 1/2 of the maximum number of visits. The request for PT 3 times per week for 6 weeks exceeds this initial course of postoperative physical therapy and thus the recommendation is for non-certification. Therefore, the request is not medically necessary.