

Case Number:	CM15-0187683		
Date Assigned:	09/29/2015	Date of Injury:	09/03/2013
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Emergency 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:

This 59 year old female sustained an industrial injury on 9-3-13. Documentation indicated that the injured worker was receiving treatment for a right shoulder rotator cuff injury. Previous treatment included right shoulder arthroscopy with decompression, physical therapy, injections, activity modification and medications. Past medical history was significant for hypertension, diabetes mellitus and asthma. In a PR-2 dated 9-4-15, the injured worker reported that her right shoulder continued to be symptomatic despite surgery in March 2014. The injured worker complained of pain to the right shoulder and back of the neck. The injured worker reported that her neck and shoulder pain "completely resolved" for a few days following a diagnostic injection on 3-23-15. Physical exam was remarkable for right shoulder with tenderness to palpation over the greater tuberosity and medial border of the scapula with decreased strength and range of motion. The injured worker was alert and oriented times three with "regular breathing without wheezing". The physician documented that magnetic resonance imaging arthrogram right shoulder showed an interstitial tear at the footprint of the supraspinatus. The treatment plan included right shoulder arthroscopy with rotator cuff repair and associated surgical services. On 9-18-15, Utilization Review modified a request for pre-op medical clearance to include CBC, BMP, EKG and chest x-ray only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, "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, comorbidities, and physical examination findings." Patient has noted hypertension, asthma and several comorbidities that should get a medical assessment and clearance. However, this request for "pre-op medical clearance" is not specific and is too open ended to approve as it would allow any testing or consultation under the guise of "pre-op clearance". UR has certified standard assortment of tests including blood testing, EKGs and X-rays which is appropriate. Request for "pre-op medical clearance" cannot be approved due to incomplete request and is not medically necessary.