

Case Number:	CM15-0192002		
Date Assigned:	10/06/2015	Date of Injury:	06/26/2012
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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: Illinois, California, Texas
 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:

This injured worker is a 45-year-old male who sustained an industrial injury on 6/26/12, relative to a motor vehicle accident. He underwent right shoulder arthroscopy with extensive debridement, bursoscopy, subtotal bursectomy, subacromial decompression, Mumford procedure, and rotator cuff repair on 6/7/13. Records documented a recurrence of right shoulder pain in March 2015. The 4/28/15 right shoulder MR arthrogram impression documented prior rotator cuff repair of a partial thickness supraspinatus tear, with no evidence of re-tearing. Findings were consistent with supraspinatus tendinosis, biceps tendinosis, acromioclavicular joint degenerative arthritis indenting the superior aspect of the supraspinatus muscle, and down-hooking of a Type II acromion. The 5/27/15 right shoulder x-rays showed evidence of a prior anterior acromioplasty and rotator cuff repair with a new acromioclavicular joint spur. The 9/2/15 treating physician report cited continued right shoulder pain. Right shoulder exam documented painful arc of motion, positive impingement sign, and weakness. There was pain at night and significant tenderness over the acromioclavicular joint. The injured worker had failed anti-inflammatory medications, immobilization, injections, home exercise program, and physical therapy. Authorization was requested for right shoulder arthroscopy with extensive debridement, trim rotator cuff, decompression, and Mumford procedures, one assistant surgeon, 8 post-operative physical therapy visits, and one medical clearance. The 9/14/15 utilization review certified the right shoulder arthroscopic surgery with assistant surgeon and post-operative physical therapy. The request for a medical clearance was non-certified as there was no documentation of co-morbidities or risk factors to warrant medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Medical clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun, page 40.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.