

Case Number:	CM15-0192089		
Date Assigned:	10/06/2015	Date of Injury:	10/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/30/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 10-1-2013. Medical records indicate the worker is undergoing treatment for chronic right shoulder subacromial impingement syndrome, rotator cuff tendinosis and symptomatic acromioclavicular osteoarthritis. A recent progress report dated 8-25-2015, reported the injured worker complained of increased soreness in the right shoulder after physical therapy and exercises. He also complained of pain around the antero-medial arthroscopic portal with associated swelling and pain in the right shoulder which interferes with sleep at night and extends into the neck and upper back. Physical examination revealed tenderness to deep palpation over the right shoulder and greater tuberosity of the humerus and tenderness to the acromioclavicular joint. Right shoulder magnetic resonance imaging showed minimal rotator cuff tendinosis. Treatment to date has included 12 visits of physical therapy and medication management. On 9-1-2015, the Request for Authorization requested Pre-operative medical clearance to include an EKG and CBC and Surgical assistant for the proposed surgery (right shoulder arthroscopy approved). On 9-9-2015, the Utilization Review noncertified the request for Pre-operative medical clearance to include an EKG and CBC and Surgical assistant for the proposed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance to include an EKG and CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing.

Decision rationale: The current request is for pre-operative medical clearance to include an EKG and CBC. Treatment to date has included 12 visits of physical therapy and medication management. The patient is not working. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. 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. 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. MTUS page 70 states, FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Per report 08/25/15, the patient presents with complaints of increased soreness in the right shoulder after physical therapy and exercises. He also complained of pain in the right shoulder with associated swelling. Physical examination revealed tenderness to deep palpation over the right shoulder and greater tuberosity of the humerus and tenderness to the acromioclavicular joint. The treater recommended a right shoulder arthroscopy, post of PT, medications, pre op clearance, and a surgical assistant for the surgery. The records show that the patient was authorized for the right shoulder surgery, post op PT and medications. ODG supports pre-operative lab work for orthopedic surgeries; however, EKG's are only supported for high-risk surgeries for patients that present with some risk factors. Such is not discussed for this patient. Although the pre-op lab work is indicated, the EKG is not supported. Therefore, the request, as stated, is not medically necessary.

Surgical assistant for the proposed surgery: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under surgical assistant.

Decision rationale: The current request is for surgical assistant for the proposed surgery. Treatment to date has included 12 visits of physical therapy and medication management. The patient is not working. MTUS and ACOEM do not discuss this request. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under surgical assistant states, Recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Per report 08/25/15, the patient presents with complaints of increased soreness in the right shoulder after physical therapy and exercises. He also complained of pain in the right shoulder with associated swelling. Physical examination revealed tenderness to deep palpation over the right shoulder and greater tuberosity of the humerus and tenderness to the acromioclavicular joint. The treater recommended a right shoulder arthroscopy, post of PT, medications, pre op clearance, and a surgical assistant for the surgery. The records show that the patient was authorized for the right shoulder surgery, post op PT and medications. The treater states that the plan is for surgical treatment, which requires a surgical assistant. This patient meets the criteria for surgery, and has been authorized for the requested procedure. The requested surgical assistant is reasonable given the complexity of the surgery. This request is medically necessary.