

Case Number:	CM15-0198292		
Date Assigned:	10/13/2015	Date of Injury:	08/07/1997
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 41 year old female patient, who sustained an industrial injury on 8-7-97. The diagnoses include lumbar spinal stenosis. Per the PR-2 notes dated 8-4-15, she had complaining of neck pain radiating into both upper extremities as well as low back pain radiating into both lower extremities. She claims this started more than 10 years ago and had minimal improvement despite anti-inflammatories and physical therapy. She was recommended to have surgery in the past but she was not interested. However, at this time, she is interested in proceeding. The physical examination revealed no shortness of breath, no seasonal allergies and no known allergies, no fevers and she does not smoke or use drugs; cervical and lumbar paraspinal tenderness and positive Neer's sign on the right shoulder and decreased right shoulder range of motion. The medications list includes Naprosyn, Ultram and Omeprazole. She has had right shoulder MRI on 8/30/2015; an EMG/NCS dated 9/24/12 which revealed bilateral carpal tunnel syndrome. The patient has been authorized for Right shoulder Arthroscopy per Utilization Review 9-15-15. Treatment to date has included physical therapy; medications. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-15-15 and non-certification for Pre-op medical clearance: X-Ray. A request for authorization has been received for Pre-op medical clearance: X-Ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: X-Ray: Overturned

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) Chapter: Low Back (updated 09/22/15) Preoperative testing, general.

Decision rationale: Per the cited 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed." Per the records provided the patient has been authorized for Right shoulder Arthroscopy per Utilization Review 9-15-15. Chest X-ray is medically appropriate as a part of pre op testing to detect latent abnormalities that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. Abnormal test results may modify the approach to the patient's pre-operative, operative and post operative management. The request of Pre-op medical clearance: X-Ray is medically appropriate and necessary for this patient (if the patient does get the right shoulder surgery done).