

Case Number:	CM15-0202488		
Date Assigned:	10/19/2015	Date of Injury:	07/08/2015
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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: Minnesota, Florida
 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 is a 43 year old male who sustained an industrial injury on 7-8-2015. A review of the medical records indicates that the injured worker is undergoing treatment for complete pectoralis tendon rupture of left shoulder. According to the progress report dated 9-30-2015, the injured worker complained of left shoulder pain. He complained of fatigue and extreme weakness in the left shoulder, along with grinding with range of motion. He also complained of numbness and tingling in the left arm and hand. He reported pain in his chest when coughing. Objective findings (9-30-2015) revealed retracted left pectoralis muscle and absent pectoralis tendon. There was pain and numbness to resisted left arm abduction. Treatment has included ice packs, sling, home exercise program and medications. The treatment plan (9-30-2015) was to proceed with open repair of the left pectoralis muscle. The request for authorization was dated 10-5-2015. The original Utilization Review (UR) (10-12-2015) denied a request for pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative 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 ODG: Section: Low back, Topic: Preoperative testing, general.

Decision rationale: ODG guidelines recommend a preoperative history and physical by the provider and appropriate consultations depending upon the comorbidities. In this case the injured worker is less than 45 years old. No comorbidities have been documented. As such, the request for preoperative clearance is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.