MAXIMUS Federal Services

Case Number:	CM15-0020064		
Date Assigned:	02/09/2015	Date of Injury:	05/28/2013
Decision Date:	04/02/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 61-year-old male who reported an injury on 05/28/2013. The mechanism of injury was a motor vehicle accident. The injured worker underwent x-rays and a CT, as well as an MRI. Prior therapies included medications and physical therapy. Additional prior treatment included left shoulder surgery. The injured worker underwent an EMG/NCV. The documentation of 10/13/2014, revealed the injured worker had some pain in the left shoulder with burning. The injured worker noticed that his bone was sticking out in his left shoulder, and he continued to have numbness in the bilateral hands. The injured worker had continued pain in the cervical spine and, at times, has a hard time opening his eyes due to pain. The injured worker got headaches. The documentation indicated the injured worker had been seen and surgery was recommended. The medications included ketoprofen cream and Norco. The focused evaluation revealed the injured worker had active flexion of the left shoulder of 95 degrees, passive external rotation 90 degrees, and internal rotation to 60 degrees with moderate to severe pain. The injured worker had increased superior elevation of the left clavicle since the last visit. The injured worker had moderate pain with range of motion of the left shoulder, especially when trying to flexion past 90 degrees. The injured worker had a tender left AC joint at the area of prior surgery. The physical examination of the cervical spine revealed 5 degrees of flexion and extension with severe pain, rotation 10 degrees to the right and 10 degrees to the left, and bending 5 degrees bilaterally, with associated dizziness and moderate to severe pain in all directions. The injured worker had pain and +2 spasms on palpation of the paraspinals and mid line. Sensation was intact. Diagnoses included cervical spine spondylosis with myelopathy,

cervical herniated nucleus pulposus, joint pain shoulder, sprain rotator cuff, followup surgery NOS. The treatment plan included the physician indicated the injured worker had increased pain in the left AC joint, with increased elevation of the clavicle and the injured worker had sustained a re-tear of the surgically corrected AC joint at physical therapy and, as such, would be a candidate for a repeat left shoulder AC joint construction after neck surgery. The treatment plan was for neck surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative lab work (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Preoperative testing, general.

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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The clinical documentation submitted for review failed to provide documentation the injured worker had a specific surgical procedure that was requested. The request as submitted failed to indicate a rationale and the specific laboratory studies being requested. There was no request for authorization submitted for review to clarify the laboratory testing that was being requested. Given the above, the request for preoperative lab work (unspecified) is not medically necessary.