

<b>Case Number:</b>	CM15-0025591		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 5/5/11. The injured worker has complaints of right shoulder pain. The diagnoses have included multilevel cervical spine degenerative disc disease; cervical spine radiculopathy; right carpal tunnel syndrome; right shoulder impingement syndrome; right acromioclavicular cartilage disorder and right subacromial/subdeltoid bursitis. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder, injections of the right shoulder which gave her no significant relief, therapy, muscle relaxant, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, heat therapy, cold therapy, physical therapy, transcutaneous electrical nerve stimulation unit, acupuncture and chiropractic therapy. The request was for pre-operative clearance with all test (evaluation with internal medicine, chest X-ray, pulmonary function tests, electrocardiogram, laboratory analysis, complete blood count, chemistry 12, prothrombin time, partial thromboplastin time (PTT) , urinalysis and hemoglobin A1c if diabetic.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Clearance W/ All Tests (Evaluation With Internal Medicine, Chest X-Ray, PFT, EKG, Laboratory Analysis, CBC, Chem 12, PT, PTT, UA, Hemoglobin A1c If Diabetic): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Workers' Comp, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

**Decision rationale:** In this case, it appears that operative intervention was not deemed medically appropriate. The request for thorough pre-operative evaluation is certainly appropriate in cases where surgery is planned, however, in this case, without definitive plans in place for surgery, preoperative workup is not necessary. Therefore, given the provided documents and lack of support for surgical planning, the request for preoperative evaluation is not considered medically appropriate at this time.