

Case Number:	CM15-0027541		
Date Assigned:	02/19/2015	Date of Injury:	10/30/2012
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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: Illinois, California, Texas
 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:

The injured worker is a 53-year-old female who sustained an industrial related injury on 10/30/12 due to lifting heavy boxes. The 1/3/13 right shoulder MRI documented a type II acromion with improvement on the underside of the supraspinatus and acromioclavicular joint arthrosis. The 7/11/13 right shoulder MR arthrogram documented findings consistent with a partial tear of the superior labrum. The 8/7/14 electrodiagnostic study showed severe median nerve pathology, consistent with right carpal tunnel syndrome. The 1/9/14 treating physician report cited persistent function-limiting right shoulder pain. Physical exam documented right shoulder flexion 95 degrees and abduction 90 degrees. There was tenderness to palpation over the right wrist with positive Tinel's and Phalen's signs. Records indicated that the patient had failed reasonable conservative treatment, and prior arthroscopy. Diagnoses included full thickness rotator cuff tear, right shoulder impingement syndrome, failed right shoulder arthroscopy with residual symptoms, SLAP tear, and right carpal tunnel syndrome. Right shoulder arthroscopy and right carpal tunnel release was planned. The treating physician requested authorization for outpatient medical clearance. On 2/3/15, utilization review certified the request for right shoulder arthroscopy and right carpal tunnel release. The request for medical clearance was non-certified. The utilization review rationale noted that medical risk factors were not documented. The 2/13/15 treating physician appeal note indicated that the patient needed medical clearance prior to surgery. She was 53 years old and it was standard practice to get a pre-operative medical clearance by an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated services) Medical clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.