

<b>Case Number:</b>	CM15-0029740		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 48-year-old female who sustained an industrial injury on 9/18/14. Injury occurred when she slipped on the bottom stairs and fell forward, landing on both knees and the right upper extremity. The 1/14/15 right shoulder MRI demonstrated a full thickness rotator cuff tear and acromioclavicular joint arthritis. Conservative treatment was provided including anti-inflammatory medications, activity modification, physical therapy, and a corticosteroid injection to the left shoulder. The 1/28/15 treating physician report cited constant moderate right shoulder pain with clicking and catching noises. Pain was increased with activity and overhead use. Right shoulder exam documented tenderness over the subacromial bursa, rotator cuff, and bicipital groove, with positive impingement tests. There was slight weakness with resisted abduction, and painful limited forward flexion and abduction. The diagnosis was right shoulder bicipital tendinitis with impingement syndrome and full thickness rotator cuff tear, subacromial bursitis, acromioclavicular joint arthritis. The treatment plan recommended right shoulder surgery to repair the rotator cuff. The 2/4/15 utilization review certified the rheumatoid arthritis for right shoulder arthroscopic rotator cuff repair. An associated request for pre-operative medical clearance was non-certified as the surgery was not considered high risk and the patient had no documented co-morbidity. Non-MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative 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 this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.