

<b>Case Number:</b>	CM15-0032812		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

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 44 year old male with an industrial injury dated 09/02/2011. His diagnoses include retracted 5mm tear of the right rotator cuff (per MRI 2012). Recent diagnostic testing has included a MRI of the right shoulder (08/02/2014) showing acromioclavicular osteoarthritis, bicipital tenosynovitis, supraspinatus tendinitis, infraspinatus tendinitis and subscapularis tendinitis. Previous treatments have included conservative measures, medications. In a progress note dated 07/15/2014, the treating physician reports ongoing pain in the right shoulder. The objective examination revealed restricted range of motion, and positive Neer and Hawkin's signs. The treating physician is requesting a pre-operative medical clearance for already authorized acromioplasty of the right shoulder which was denied by the utilization review. On 02/10/2015, Utilization Review non-certified a request for pre-operative medical clearance for already authorized acromioplasty of the right shoulder, noting that the was no documented evidence that the surgical procedure had been authorized. The MTUS guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of pre-operative medical clearance for already authorized acromioplasty of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance for already authorized acromloplasty of right shoulder:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Web Edition 2010 revision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Preoperative testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 44 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed acromioplasty procedure. Therefore the determination is for non-certification.