

Case Number:	CM15-0045891		
Date Assigned:	03/18/2015	Date of Injury:	04/16/2013
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: Minnesota, Florida
 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 55 year old male, who sustained an industrial injury on 04/16/2013. The injured worker is currently diagnosed as having chronic pain, cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, cervical spinal stenosis, and left shoulder pain. Treatment to date has included MRI of the cervical spine and left shoulder, left shoulder cortisone injection, cervical epidural steroid injection, home exercise program, and medications. In a pain medicine progress note dated 02/02/2015, the injured worker presented with complaints of neck pain that radiates down the left upper extremity into the left shoulder and fingers. The treating physician reported that the primary treating physician recommended left shoulder arthroscopic surgery. The disputed request pertains to preoperative medical clearance with an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general, Preoperative testing, lab, Office Visits.

Decision rationale: ODG guidelines with regard to preoperative testing recommend a history and physical examination with selective testing based upon the clinician's findings. The specific laboratory studies recommended include urinalysis for invasive urologic procedures, electrolyte and creatinine testing for chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, random glucose testing for patients at high risk of undiagnosed diabetes, A1c testing in patients with diagnosed diabetes only if the results would change preoperative management, and a complete blood count in patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical condition that predisposes them to bleeding, and for those taking anticoagulants. Office visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The information provided does not indicate significant comorbidities for which a medical consultation would be appropriate and medically necessary. The injured worker is undergoing arthroscopy which is classified as a low risk procedure and does not require electrocardiography. As such, the request for preoperative medical clearance is not supported and the medical necessity of the request has not been substantiated. Therefore the request is not medically necessary.