

<b>Case Number:</b>	CM15-0046735		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 31-year-old female who sustained an industrial injury on 10/26/12. Injury was reported relative to continuous trauma injury to her right upper extremity/shoulder. Past medical/surgical history was positive for gallbladder surgery and body mass index of 36. Current medications included Vicodin, gabapentin, and tizanidine. The 9/23/13 right shoulder utilization review/s documented a near full thickness tear of the supraspinatus tendon, and a partial tear of the articular surface of the subscapularis tendon. Conservative treatment included medications, activity modification, injection, physical therapy, and chiropractic. The 12/22/14 orthopedic report cited on-going grade 7/10 right shoulder pain. Physical exam documented right shoulder range of motion as forward flexion 145, extension 40, abduction 145, adduction 40, external rotation 90, and internal rotation 60 degrees, with subacromial crepitus. There was severe supraspinatus tenderness, moderate greater tuberosity and acromioclavicular joint tenderness, and mild biceps tendon tenderness. There was no evidence of instability. Right shoulder strength was 4/5 globally. Acromioclavicular compression and impingement tests were positive. The diagnosis included near full thickness supraspinatus tendon tear and partial articular surface subscapularis tendon tear. The treatment plan recommended arthroscopic evaluation of the right shoulder with subacromial decompression, and rotator cuff debridement and/or repair as indicated. The 2/27/15 utilization review certified a request for right shoulder arthroscopy with subacromial decompression and rotator cuff debridement and/or repair. The request for pre-op medical clearance was denied as there was no history of any significant medical condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **URGENT Pre-op medical clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408> - Perioperative protocol. Health care protocol.

**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. p. 40.

**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. Guideline criteria have been met based on body mass index and the risks of undergoing anesthesia. Therefore, this request is medically necessary.