

Case Number:	CM15-0051366		
Date Assigned:	03/24/2015	Date of Injury:	10/02/2014
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 56 year old male who sustained a work related injury October 2, 2014, after a trip and fall with pain to the right shoulder and left thigh. Past history included thyroid cancer 2009, s/p chemo-radiation therapies, s/p surgical excision/recurrence July 2014. According to a primary treating physician's follow-up consultation, dated February 19, 2015, the injured worker presented with continuing severe right shoulder pain with limited range of motion. An MRI, dated February 10, 2015, is positive for a partial tear and report present in medical record. Physical examination revealed abduction to 60 degrees, forward flexion 70 degrees, external rotation 70 degrees and impingement signs are markedly positive. Diagnosis is documented as right shoulder rotator cuff tear with post traumatic impingement. Recommendations included request for proceeding with right shoulder arthroscopic subacromial decompression and debridement of rotator cuff tear and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative testing: labs, electrocardiogram, history and physical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (Acute and Chronic) Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation What is an electrocardiogram? National Heart, Lung, and Blood Institute, Department of Health and Human Services. <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg>, accessed 04/29/2015. Smetana GW, et al. Preoperative medical evaluation of the healthy patient. Topic 4816, version 39. UpToDate, accessed 04/29/2015.

Decision rationale: The MTUS Guidelines are silent on these issues. The general risk of surgery is quite low in otherwise healthy people. Preoperative tests should therefore not be done unless there are clinical findings that clearly indicate the test is needed. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain with stiffness. There was no discussion suggesting findings or medical conditions that required the requested tests or describing special circumstances that sufficiently supported this request. Obtaining the worker's history and performing a thorough physical evaluation should be a part of a treating physician's routine assessment. Further, the request did not specify which laboratory studies were needed. In the absence of such evidence, the current request for unspecified preoperative laboratory testing, an electrocardiogram, and history and physical documentation is not medically necessary.