

Case Number:	CM15-0053348		
Date Assigned:	03/26/2015	Date of Injury:	11/21/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male with a reported date of injury of 11/21/2013. The diagnoses include neck pain, pain in limb, discogenic low back pain, shoulder pain, osteoarthritis, pain, and degenerative joint disease. Treatments to date have included oral medications, activity modification, cortisone injection, physical therapy, x-rays, and an MRI of the right shoulder. The progress report dated 02/26/2015 indicates that the injured worker reported unchanged symptoms since his last visit. He complains of multi-pain, and rated the pain 4-8 out of 10. The physical examination showed normal sensation, no swelling, intact neurovascular status, weakness of the cuff, forward flexion at 130 degrees, and abduction at 120 degrees. It was noted that the injured worker's pain was much better in the left shoulder since starting therapy. Surgery was currently pending authorization for his shoulder. The treating physician requested pre-operative work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative work to include EKG, CBC, CMP, PT and PTT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769 a.

Decision rationale: The claimant is a 57 year-old male who sustained a work-related injury in November 2011 and continues to be treated for left shoulder pain. He has advanced osteoarthritis and shoulder arthroplasty is planned. The claimant has a BMI of over 33. In terms of risk, surgical interventions can be divided into low-risk, intermediate risk, and high-risk groups. The claimant is obese and major orthopedic surgery is planned and there would be at least an intermediate risk with this procedure. Pre-operative clearance including the requested testing is therefore medically necessary.