MAXIMUS Federal Services

Case Number:	CM15-0079502		
Date Assigned:	04/30/2015	Date of Injury:	04/22/2014
Decision Date:	08/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 was a 62-year-old female, who sustained an industrial injury, April 22, 2014. The injury was sustained while the injured worker was working as a welder. The injury was from continuous trauma injury to the bilateral shoulders and upper extremities during the course of employment as a welder, since 1997. The injured worker had requirements of repetitive use of both upper extremities, including of the overhead reaching of boxes containing parts. The injured worker gradually began having numbness in both hands, particularly at night. The injured worker previously received the following treatments physical therapy for both wrists, right shoulder MRI, left shoulder MRI on January 7, 2015, Naproxen, Nortriptyline, Advil, Ibuprofen, Tylenol, Pamelor, cervical spine MRI on January 10, 2015, thoracic spine MRI, chiropractic services, injections, acupuncture, EMG/NCS (electro diagnostic studies and nerve conduction studies) of the bilateral upper extremities were normal. The injured worker was diagnosed with cervical and lumbar radiculopathy, bilateral shoulder bursitis and impingement, bilateral shoulder AC arthrosis, left shoulder rotator cuff tear and left shoulder biceps tendon tear. According to progress note of March 19, 2015, the injured worker's chief complaint was bilateral shoulder pain. The injured worker rated the right shoulder pain at 3-4 out of 10 and left shoulder pain at 7-8 out of 10. The left shoulder continues to be worse than the right. The injure worker described the pain as throbbing pain and cracking with movement. The injured worker reported increased pain with activities of daily living, laundry, dishes and sweeping. The pain radiated from the neck to the bilateral hands. The injured worker rated the right hand a wrist pain at 3 out of 10 and the left wrist and hand pain at 8 out of 10. The physical exam noted diffuse tenderness of the

right shoulder and pain with range of motion. The cross arm test was positive and caused diffuse pain. There was tenderness over the left shoulder and pain with range of motion. The Hawkin's testing, Speed's test and cross arm exam caused diffuse pain in the left shoulder. The motor strength was 4 out of 5. The sensory was decreased at the C5, C6 and C7 levels. The treatment plan included pre-operative chest x-ray before left shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Chest X-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back (addresses pre-op testing in general).

Decision rationale: CA MTUS, ACOEM and ODG shoulder guidelines do not address pre-op chest x-rays. ODH low back guidelines state that the decision to perform pre-operative tests should be guided by the patient's clinical history, comorbidities and physical exam findings. In this case, the claimant has an arthroscopic surgical procedure planned to repair a torn rotator cuff. A pre-op chest x-ray is requested. There is no past medical history or physical findings provided to justify the performance of a pre-op chest x-ray. There is no indication that the patient is at risk for post-op pulmonary complications and the results of a pre-operative chest x-ray would not change the peri-operative management. Therefore, the request is deemed not medically necessary.