MAXIMUS Federal Services

Case Number:	CM15-0079504		
Date Assigned:	04/30/2015	Date of Injury:	04/22/2014
Decision Date:	08/06/2015	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, Indiana, Oregon
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 (IW) is a 63-year-old female who sustained an industrial injury on 04/22/2014. Diagnoses include bilateral shoulder bursitis and impingement, bilateral shoulder AC arthrosis, left shoulder rotator cuff tear, and left shoulder biceps tendon tear. Treatment to date has included medications, physical therapy, bracing and a cortisone injection to the left shoulder. MRI of the left shoulder on 1/7/15 showed full thickness, full width tear of the supraspinatus and infraspinatus tendons with retraction to the level of the glenohumeral joint and moderate atrophy of the muscle bellies; marked superior subluxation of the humeral head which nearly abutted the inferior surface of the acromion; osteophytes and degenerative changes in the acromioclavicular (AC) joint associated with subacromial impingement; moderate tendinosis of the long head of the biceps tendon; and moderate joint effusion. According to the progress notes dated 2/11/15, the IW reported right shoulder pain rated 4-5/10 and left shoulder pain rated 6-7/10, described as throbbing pain, cracking with movement. There was radiation of the pain up to the neck and down the bilateral arms to the hand. Right hand and wrist pain was rated 3/10 and left hand and wrist pain was 6-7/10. Activities around the house such as laundry, dishes and sweeping increased the pain and she had difficulty raising her arms above shoulder height. On examination, the left shoulder range of motion was reduced and painful, with AC joint, trapezius and biceps tendon tenderness. Hawkins, Yergason, Speed and cross-arm tests produced pain. Sensation was decreased in the left C5, C6 and C7 dermatomes. A request was made for pre-op EKG for anticipated left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: 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 (updated 03/24/15) - online version.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status."Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. In this case, an otherwise healthy 61 year old man is scheduled for a low risk surgery. Based on this the request is not medically necessary.