

Case Number:	CM15-0084258		
Date Assigned:	05/06/2015	Date of Injury:	06/06/2013
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40 year old female, who sustained an industrial injury on 06/06/2013. On provider visit dated 12/30/2014 the injured worker has reported shoulder pain. On examination of the left shoulder revealed pain with range of motion and motor was noted as 4/5 in all directions. The diagnoses have included persistent pain nine months status post arthroscopic distal clavicular excision of left shoulder arthroscopic subacromial depression and arthroscopic anterior labral repair 02/25/2014. Treatment to date has included subacromial block without cortisone. Per documentation a right shoulder diagnostic arthroscopy was requested. The provider requested medical clearance, labs: unspecified, EKG (electrocardiogram) & chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance, Labs: unspecified, EKG (electrocardiogram) & Chest Xray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Preoperative testing, General.

Decision rationale: The MTUS is silent on preoperative testing. The ODG states that, "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. 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease, that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing." The medical records fail to demonstrate any clinical history making this patient at high risk for shoulder surgery requiring an EKG or CXR. As such, the request for Medical clearance, Labs: unspecified, EKG (electrocardiogram) & Chest Xray is not medically necessary.