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| Case Number: | CM15-0087932 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 04/12/2012 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72-year-old female, who sustained an industrial injury on 4/12/12. The injured worker was diagnosed as having severe right shoulder degenerative changes at the acromioclavicular joint and the glenohumeral joint, aggravation of right shoulder impingement in physical therapy, and status post anterior four-level decompression and fusion with pseudoarthrosis at C6-7 in March 2014. Treatment to date has included physical therapy, acupuncture, and medications such as Tramadol, Lyrica, and Norco. Currently, the injured worker complains of neck pain with radiation to the right upper extremity and left shoulder pain with spasms of the right arm and right leg. The treating physician requested authorization for medical clearance. The treatment plan included posterior fusion with decompression and stabilization with lateral mass screws at C3-7. Medical clearance was requested for pre-operative assessment and to adjust medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: Per the cited guidelines, abnormal findings (noted on the preoperative basic health assessment) are results that require further evaluation to assess and optimize any surgical/anesthesia risk or cares. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. Most laboratory and diagnostic tests (e.g., hemoglobin, potassium, coagulation studies, chest x-rays, electrocardiograms) are not routinely necessary unless a specific indication is present and may be beyond the scope of this protocol. Other abnormal findings, though relevant to the patient's general health, may not have any impact on the planned procedure or the timing of the procedure. Evaluation and management of these incidental findings should follow standard medical practice and are beyond the scope of the protocol. The injured worker is 72 years old, and the request includes pulmonary evaluation for medical clearance. The cited guidelines do recommend pulmonary evaluation. Chest x-ray is recommended if the patient has signs or symptoms suggesting new or unstable cardiopulmonary disease. The following are recommended for preoperative EKG: 1) Perform electrocardiogram for all patients age 65 and over, within one year prior to procedure, 2) Electrocardiograms are not indicated, regardless of age, for those patients having cataract surgery, 3) Preoperative electrocardiograms are not recommended for patients undergoing other minimal risk procedures, unless medical history/assessment indicate high-risk patient. Utilization review notes that most perioperative evaluations can occur immediately prior to surgery, but this injured worker is deemed at increased risk of complications, which may require more detailed evaluation that can be provided at the bedside. The request for medical clearance is determined to be medically necessary.