

Case Number:	CM13-0063640		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2010
Decision Date:	07/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old male who reported an injury on 02/17/2010. The mechanism of injury was not stated. The current diagnoses includes a left shoulder derangement, left shoulder impingement syndrome, and left shoulder acromioclavicular joint osteoarthritis. The injured worker was evaluated on 12/17/2013 with complaints of neck, low back, and bilateral shoulder pain with weakness, numbness, and swelling. Physical examination of the left shoulder revealed limited range of motion, tenderness to palpation, positive Neer and Hawkins testing, and 4/5 strength. Treatment recommendations included left shoulder surgery with subacromial decompression and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, co-morbidities, and physical examination findings. There is no documentation of a significant medical history or co-morbidities that would warrant the need for preoperative medical clearance. The medical necessity has not been established. As such, the request is not medically necessary.