

Case Number:	CM14-0153072		
Date Assigned:	09/23/2014	Date of Injury:	09/12/2013
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic Surgery 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 claimant is a 45-year-old female who injured her bilateral shoulders in a work related accident on 09/12/13. The clinical records provided for review included the report of a clinical assessment dated 08/18/14 describing continued bilateral shoulder pain, right greater than left. Because the claimant had failed to improve with conservative treatment, the recommendation was made for right shoulder arthroscopy and capsular release for the diagnosis of right shoulder adhesive capsulitis. In direct relationship to the claimant's shoulder arthroscopic procedure; there is a request for a two day inpatient length of stay and preoperative medical clearance. Review of records fails to identify any documentation of underlying comorbidity or past medical history in this otherwise healthy 45-year-old female.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-patient 2 days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure Hospital Length of Stay

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a two day inpatient hospital stay is not recommended as medically necessary. The claimant is to undergo shoulder arthroscopy that the Official Disability Guidelines state is an outpatient procedure. There is no documentation of any clinical findings to support that this claimant would need a two day inpatient stay following shoulder arthroscopy. The request in this case would not be supported.

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: California ACOEM Guidelines would not support the need for preoperative medical clearance. The claimant is an otherwise healthy 45-year-old female who is to undergo a shoulder arthroscopy. There is no documentation of current medication use or underlying comorbidities. There is some discussion regarding the claimant's blood sugar but there is no formal documentation of laboratory findings or testing relevant to the blood sugar. Without evidence of underlying comorbidity, abnormal preoperative laboratory testing or assessment, the role of preoperative medical clearance would not be supported as medically necessary.