

Case Number:	CM14-0157781		
Date Assigned:	10/01/2014	Date of Injury:	06/03/2013
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This 48-year-old female sustained an industrial injury on 6/3/13. The mechanism of injury was not documented. Past surgical history was positive for right shoulder arthroscopy in 2011 and back surgery in 2013. The patient was diagnosed with a left shoulder rotator cuff repair. The 8/14/14 treating physician report cited persistent left shoulder pain, constant and moderate, with worsening motion. Physical exam documented mild loss of left shoulder flexion and extension, anterolateral subacromial tenderness, 4/5 flexion and external rotation strength, and positive impingement testing. Authorization was requested for left shoulder arthroscopy with mini open rotator cuff repair and pre-operative medical clearance, labs, chest x-ray, and EKG. The 9/16/14 utilization review denied the request for pre-operative medical clearance as there were no clear issues associated with the patient's medical status or significant co-morbidities. The request for pre-op labs, complete blood count, chest x-ray, and EKG was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance , left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultation, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications and the risks of anesthesia, this request is medically necessary.