

Case Number:	CM14-0162255		
Date Assigned:	10/07/2014	Date of Injury:	03/30/2012
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/02/2014

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:

43-year-old female claimant with an industrial injury dated 03/30/12. MRI of the right shoulder dated 08/15/14 demonstrates a low-grade partial thickness bursal surface tear of the anterior supraspinatus and mild acromioclavicular joint hypertrophic change and minimal lateral down sloping of the type II acromion. Exam note 09/16/14 states the patient returns with severe right shoulder pain. The patient explains that the pain is proceeding to get worse and that she has difficulty moving at all. Conservative treatments have included corticosteroid injections, physical therapy, activity modification, and medications all providing little pain relief. Upon physical exam the patient had limited range of motion. The patient had a positive impingement signs on the Hawkin's and Neer test. There was evidence of a partial thickness rotator cuff tear with chronic impingement on the right shoulder. Treatment includes right shoulder arthroscopic subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance/H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

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: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 43 years old and does not have any evidence in the cited records from 9/16/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore determination is for non-certification.