MAXIMUS Federal Services

Case Number:	CM14-0218471		
Date Assigned:	01/16/2015	Date of Injury:	09/04/2014
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Orthopedic Surgery

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 injured worker is a 63 year old male who sustained and industrial injury on 09/04/2014. The injured worker feels his arm is weak, and he has difficultly with any sort of overhead, repetitive or weighted activity with his shoulder and difficulty sleeping on the shoulder. Diagnoses include right shoulder sprain/strain. Magnetic Resonance Imaging revealed high-grade partial thickness tears of the rotator cuff as well as he has got significantly advanced hypertrophic acromioclavicular joint arthrosis and subacromial spurring. A physician progress note dated 11/4/2014 documents he has referred pain in the neck and down the arm. Tenderness is present to palpation of the anterolateral calf/rotator cuff as well as at the acromioclavicular joint. Range of motion is limited secondary to weakness and pain. Treatment has included medications and physical therapy. The treating physician is requesting associated surgical service, Pre-op physical (labs, Chem 20, CBC, and EKG).On 12/12/2014 non-certified the request for associated surgical service, Pre-op physical (labs, Chem 20, CBC, and EKG), due to the surgical intervention is being deemed not medically necessary and subsequently a request for preoperative physical examinations cannot be considered medically necessary. Official disability Guidelines Treatment in Workers' Comp-Low Back Chapter: preoperative electrocardiogram, and preoperative laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service, Pre-op physical (labs, Chem 20, CBC, and EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 19th edition & ODG Treatment in Workers Comp 12th edition 2014, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back preoperative testing

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 63 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non-certification.