

Case Number:	CM15-0010675		
Date Assigned:	01/28/2015	Date of Injury:	07/23/2013
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 7/23/2013. PR2 for 11/24/14 noted that the injured worker continues to be weak and still using a single double crutch to ambulate when outside her house. Objective findings noted that her range of motion is from 0 degrees to about 120 degrees and has end-range pain at the end flexion and has synovial thickening with tenderness over her lateral and medial wounds. On 12/29/14 the injured worker continues with some mild pain with weight bearing activities and occasional giving away when getting up from a sitting position. Shoulder examination noted that she continued positive impingement with collapsing weakness with resisted abduction and forward flexion and continued painful arc of motion. October 21, 2014 had a partial medial meniscectomy; partial lateral meniscectomy and chondroplasty, patella and medial tibial plateau. According to the utilization review performed on 1/9/15, the requested Pre-operative medical clearance has been non-certified. An ODG guideline, low back section was used. The documentation noted that there was nothing that had been provided within the clinical information made available to indicate that there was any specific need for a specialized evaluation prior to the consideration for surgery.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Pre-operative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing

Decision rationale: Based on the 08/20/14 progress report provided by treating physician, the patient presents with left knee and left shoulder pain. The request is for PRE-OPERATIVE MEDICAL CLEARANCE. Per progress report dated 10/06/14, the patient has been authorized for "left shoulder surgery minus any labral repair and also authorization for a partial meniscectomy, left knee... we are going to go ahead with the surgery for her left knee first." The patient is status post left knee partial medial and lateral meniscectomy; chondroplasty, patella and medial tibial plateau 10/21/14, per operative report. Patient's diagnosis per Request for Authorization form dated 12/15/14 included left shoulder rotator cuff tear; the services requested included left shoulder rotator cuff repair and pre-op surgical clearance. The patient is temporarily totally disabled, per treater report dated 12/29/14. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. 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. "ODG guidelines do support an evaluation to determine what is needed for pre-operative assessment. Medical records show that a Preoperative evaluation was performed on 10/14/14, prior to authorization. Per medical evaluation report dated 10/14/14, "the patient has pathology involving both the left knee and left shoulder... the patient is scheduled to undergo: left knee arthroscopy/partial meniscectomy... Medically she appears stable." The medical clearance report pertains to patient's left knee surgery performed on 10/21/14. Treater has not discussed reason for the request, nor provided patient risk assessment. Based on RFA dated 12/15/14, it appears this is a repeat request pertaining to impending left shoulder surgery. The guidelines support certain pre-operative evaluations including labs, EKG and X-rays for the right patient population with risk factors. In this case, none of the risk factors are provided or discussed. The treater does not outline what pre-operative evaluation is to entail. The request IS NOT medically necessary.