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| Case Number: | CM15-0014409 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/08/1988 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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: Orthopedic Surgery, Sports Medicine

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 63-year-old male who reported injury on 09/08/1988. The mechanism of injury was not provided. The diagnoses included rotator cuff sprain and strain, primary localized osteoarthritis upper arm, and other affections of shoulder region, NEC. The requested surgical intervention was noted to include a subacromial decompression, distal clavicle resection, extensive debridement, and synovectomy. There was a Request for Authorization submitted for review dated 12/24/2014. The documentation of 12/15/2014 revealed the injured worker had right shoulder discomfort. The injured worker's past medical history included high blood pressure. The injured worker underwent prior surgical interventions which were noncontributory to the request. The medications were noted to include atorvastatin 10 mg and lisinopril/hydrochlorothiazide 10/12.5 mg. The physical examination of the right shoulder revealed decreased active abduction, supraspinatus strength of 4/5, internal rotation of 4/5, and external rotation of 4/5. The injured worker had a positive cross chest adduction test, a positive Neer's test, and a positive Hawkins' test. The treatment plan included surgical intervention. The injured worker underwent an MRI of the right shoulder without contrast on 11/13/2014 which revealed supraspinatus tendinosis with low grade articular sided tearing of the anterior fibers, infraspinatus tendinosis without tear, minimal subacromial/subdeltoid bursitis, and mild acromioclavicular osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general

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: Society of General Internal Medicine
<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the injured worker was to undergo a surgical intervention. The injured worker had a history of high blood pressure. The request for preoperative clearance would be appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Given the above, the request for Preoperative Clearance is medically necessary.