

Case Number:	CM15-0110439		
Date Assigned:	06/17/2015	Date of Injury:	08/27/2014
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: Minnesota, Florida
 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:

The injured worker is a 59-year-old male, who sustained an industrial/work injury on 8/27/14. He reported initial complaints of bilateral shoulder pain. The injured worker was diagnosed as having bilateral shoulder impingement syndrome. Treatment to date has included medication, diagnostic testing, physical therapy, rest, and home exercise program. MRI results were reported on 4/2/15. X-Rays results were reported on 2/19/15. Currently, the injured worker complains of bilateral shoulder pain and tingling with sleep disturbance. Per the primary physician's progress report (PR-2) on 5/7/15, examination revealed decreased range of motion of both shoulders, positive impingement sign bilaterally, weakness of the bilateral shoulder. There was tenderness over the rotator cuff, footprint and acromioclavicular joint, positive Hawkin's and Neer tests noting impingement, positive drop arm and cross over tests, crepitus with range of motion. There was a request for shoulder arthroscopy and repair, which was certified by utilization review. The disputed issue is a request for Pre-op clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general, : Office visits.

Decision rationale: With regard to the request for medical clearance, recently submitted documentation dated 6/3/2015 indicates a history of hypertension, cardiac disease status post myocardial infarction in 2007 requiring a stent placement, and a history of borderline diabetes. Current medications include aspirin, Crestor, lisinopril, and carvedilol. ODG guidelines recommend specific testing in the presence of comorbidities. Office visits to the offices of medical doctors are recommended as determined to be medically necessary based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. As such, the request for medical clearance is appropriate and the medical necessity is necessary.