

Case Number:	CM15-0110486		
Date Assigned:	06/17/2015	Date of Injury:	01/01/2003
Decision Date:	08/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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, Oregon, Washington
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 60-year-old female who sustained an industrial/work injury on 1/1/03. She reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having left shoulder postsurgical adhesive capsulitis and right shoulder s/p rotator cuff repair. Treatment to date includes medication and surgery. Currently, the injured worker complained of left shoulder pain. Per the primary physician's report (PR-2) on 4/27/15, exam noted reduced range of motion with crepitus. Forward elevation to 115 degrees, external rotation to 30 degrees, internal rotation is to L5, her rotator cuff strength is 4/5 as well as her external rotation strength, belly test is negative, and positive impingement signs 1,2,and 3. The requested treatments include Pre-operative EKG (electrocardiogram), Medical Clearance, and Pre-operative Labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative EKG (electrocardiogram): 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 Electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <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 60 years old and would benefit from a preoperative EKG. Therefore, the request is medically necessary.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol, Health care protocol - URL [www.guideline.gov/content.aspx?id=48408].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <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 60 years old and would benefit from preoperative medical clearance. Therefore the request is medically necessary.

Pre operative Labs: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [tp://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx](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. In this case, the claimant is 60 years old and would benefit from a preoperative CBC. Therefore, the request is medically necessary.