

Case Number:	CM15-0121586		
Date Assigned:	07/10/2015	Date of Injury:	02/10/2014
Decision Date:	08/26/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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 51-year-old male, who sustained an industrial injury on 2/10/14. The diagnoses have included bilateral adhesive capsulitis to the shoulders and left shoulder stiffness. Treatment to date has included medications, activity modifications, orthopedic evaluation, and home exercise program (HEP). Currently, as per the physician progress note dated 6/1/15, the injured worker complains of tenderness in the left neck, intermittent spasms and tenderness in the trapezial area that worsens with left shoulder motion, tingling in the left fingers, and restricted left shoulder range of motion with little change. The objective findings reveal that the left shoulder demonstrates restricted range of motion with flexion at 90 degrees, abduction is 60 degrees, external rotation is 20 degrees, internal rotation is 20 degrees and passive abduction is 50 degrees. The physician notes that the left shoulder is failing to progress and has shown no improvement over multiple visits. The physician notes that the injured worker is a candidate for arthroscopic assessment with capsular release and manipulation. The current medications included Motrin. There are no previous diagnostic studies noted in the records. The physician requested treatment included Medical clearance other than what is covered with the global surgical fee.

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 cite any medical evidence for its decision.

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.

Decision rationale: CA MTUS does not address this issue. ODG guidelines indicate a history and physical examination prior to surgery to determine fitness for anesthesia and identify patients at high risk of postoperative complications. Then selective testing can be based on the clinician's findings. In the presence of comorbidities, ODG guidelines encourage consultations. The injured worker is undergoing arthroscopic surgery on the shoulder, which is classified as a low risk procedure. A review of the medical records reveals no documented comorbidities. As such, the request for preoperative medical clearance is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.