

Case Number:	CM15-0129251		
Date Assigned:	07/21/2015	Date of Injury:	04/19/2010
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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 (IW) is a 70 year-old male who sustained an industrial injury on 04/19/2010. He was reported to have: 1. A closed head injury with concussion, 2. Bilateral subarachnoid hemorrhage, 3. Subdural hematoma, 4. Pneumocephaly, 5. Vomiting with risk for aspiration, 6. Left rib fracture and pulmonary contusion, 7. Left peria renal contusion, 8. Possible right small bone of the wrist fracture. Treatment to date has included medications, neurologic consult, radiographic imaging and physical therapy. The injured worker was later diagnosed as having. 1. Right shoulder adhesive capsulitis; 2. Right AC joint arthritis, post traumatic headaches; 3. Right wrist pain, left wrist pain; 4. Chest wall pain, rotator cuff tear; 5. Lumbar facetal pain; 6. Diabetes. Currently, the injured worker complains of persistent right shoulder problems with pain severity at a 3-4 on a scale of 1-10. The worker has been authorized for shoulder arthroscopic surgery and rotator cuff repair. He is stable on medications wit use of Voltaren gel and occasional Tylenol to relieve his symptoms. He reports no side effects or sedation from the medications. Medications include Tramadol and Nortriptyline. On exam there is noted tenderness and spasms in the right shoulder musculature, and tenderness to the right glenohumeral joint more than acromioclavicular joint. Right shoulder abduction, forward flexion is 120 degrees and associated with pain. Strength is diminished in right shoulder abduction and forward flexion. The treatment plan is for pre-op clearance and for refill of his medications. A request for authorization was made for the following: 1. Pre-Operative Clearance for Right Shoulder Surgery. 2. Tramadol 50mg #30, 3. Nortriptyline 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance for Right Shoulder Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 18th Edition 2012 Chapter 8, Medical Evaluation of the Surgical Patient page 62.

Decision rationale: California MTUS guidelines do not address this topic. The injured worker is 70 years old and has a history of diabetes and hypertension. There is also a history of headaches, neuropathic pain, and a history of major head injury in the year 2010. According to Harrison's Principles of Internal Medicine 18th edition Chapter 8, Medical Evaluation of the Surgical Patient, cardiovascular and pulmonary complications continue to account for major morbidity and mortality in patients undergoing non-cardiac surgery. It is suggested that an internist should perform an individualized evaluation of the surgical patient to provide an accurate preoperative risk assessment and stratification to guide optimal peri-operative risk reduction strategies. A 70-year-old individual with a history of diabetes and hypertension should be evaluated for cardiovascular risk, particularly if general anesthesia is to be used. As such, a preoperative cardiovascular risk assessment and medical clearance is appropriate and the medical necessity of the request has been substantiated.