

Case Number:	CM15-0072158		
Date Assigned:	04/22/2015	Date of Injury:	06/16/2014
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male, with a reported date of injury of 06/16/2014. The diagnoses include left shoulder sprain/strain, and left shoulder pain. Treatments to date have included multiple injections to the shoulder, and an MRI of the left shoulder. The progress report dated 01/19/2015 indicated that the injured worker had severe left shoulder pain. The physical examination showed positive impingement signs, no pain in the biceps tendon, and pain in the rotator cuff tendons. It was noted that the injured worker wished to have a shoulder arthroscopy. The treating physician requested a chest x-ray as related to left shoulder surgery. A utilization review determination dated March 26, 2015 states that the left shoulder surgery cannot be recommended for certification based on the available information.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chest X-ray ,as related to the left shoulder surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi TX; www.odg-twc.com; Section: Shoulder (Acute and Chronic) (updated 04/25/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Regarding request for pre op chest x-ray, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Within the medical information made available for review, there is no indication that the patient's clinical history, comorbidities, and physical examination findings suggest a preoperative evaluation is necessary. Additionally, it does not appear that the associated surgery has been recommended for authorization. As such, the currently requested pre op clearance is not medically necessary.