

Case Number:	CM15-0072159		
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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, who sustained an industrial injury on 6/16/14. He reported injuries to lower back and shoulder. The injured worker was diagnosed as having left shoulder impingement, spine enthesopathy, shoulder/upper arm strain and lumbosacral strain. Treatment to date has included multiple injections, oral medications and physical therapy. Currently, the injured worker complains of severe shoulder pain and right lower extremity pain with radiation down to calf. Physical exam noted impingement signs of left shoulder and back examination revealed painful range of motion of lower spine. The treatment plan included shoulder arthroscopy and pre-op evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance, as related to the left shoulder, as outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Estimation of cardiac risk prior to non-cardiac surgery.

Decision rationale: This injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities documented in the records. Cardiorespiratory testing is very non-specific. The 2007 ACC/AHA guidelines recommends that the estimation of perioperative risk should integrate major, intermediate, and minor predictors of cardiac risk, functional capacity, the surgery-specific risk, and, when indicated, the results of noninvasive studies, including stress testing. In this injured 42-year-old worker with no active cardiac symptoms undergoing a low risk procedure, preoperative clearance would not be indicated. The records do not support the medical necessity of Pre-operative medical clearance, as related to the left shoulder, as outpatient.