

<b>Case Number:</b>	CM15-0093714		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Preventive Medicine, Occupational 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 48 year old male, who sustained an industrial injury on 12/07/2012. He reported injuring his right shoulder after a fall while working as a truck driver. The injured worker is currently working with restrictions. The injured worker is currently diagnosed as having full thickness retracted tear of the supraspinatus tendon per MRI arthrogram, status post right shoulder arthroscopy, and right shoulder pain. Treatment and diagnostics to date has included right shoulder MRI, right shoulder surgery, postoperative intensive exercise program, and medications. In a progress note dated 03/27/2015, the injured worker presented with complaints of right shoulder pain and awaiting authorization for surgical intervention. Objective findings include slightly decreased right shoulder range of motion with significant pain. The treating physician reported requesting authorization for pre-operative clearance evaluation and testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative clearance evaluation:** Upheld

**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 <http://www.aafp.org/afp/2000/0715/p387.html> - Preoperative Evaluation.

**Decision rationale:** MTUS Guidelines do not address this issue. Other treatment Guidelines do address this issue and recommend medical clearance if there are medical risk factors. This individual has a history of type II diabetes and is taking several medications for this. This is a surgical risk factor, but it also implies that he has an active primary care physician who is familiar with his medical history. Under this circumstance is usual and customary to obtain clearance from the primary care physician and there is no need for a separate consultation with a physician who is unfamiliar with his medical history and condition. The requesting physician does not designate who this physician would be, but the request implies a consultation by a new physician. If updated information documents that the request is for clearance from his primary care physician, this can be re-reviewed and would be consistent with Guidelines. The request for a distinct pre-operative clearance evaluation is not medically necessary under these circumstances.

**Pre-operative clearance to include: Chest X-ray (CXR), Electrocardiogram (EKG), Pulmonary Function Test (PFT) labs, Complete Blood Count (CBC), Chem 12, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), A1c, and Urinalysis (UA): Upheld**

**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 - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2013/0315/p414.html> - Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations.

**Decision rationale:** MTUS Guidelines do not address this issue. Other Guidelines directly address this issue and do not recommend broad screening without a focused history and physical that uncovers particular risk factors. This individual has the medical necessity for some focused screening due to his history of diabetes type II, but that does not imply the medical necessity for all of the tests requested i.e PFT, CXR etc. The request for Pre-operative clearance to include: Chest X-ray (CXR), Electrocardiogram (EKG), Pulmonary Function Test (PFT) labs, Complete Blood Count (CBC), Chem 12, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), A1c, and Urinalysis (UA) is not supported by Guidelines and is not medically necessary.