

Case Number:	CM15-0098229		
Date Assigned:	05/29/2015	Date of Injury:	09/08/2010
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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 50 year old female who reported an industrial injury on 9/8/2010. Her diagnoses, and/or impressions, are noted to include: chronic pain syndrome; multi-level cervical spondylosis with spinal stenosis and displacement of inter-vertebral disc, without myelopathy; cervicgia; brachial neuritis/radiculitis/radicular or pain; migraine/cervicogenic headaches; disorders of bursae and tendons in the shoulder and shoulder joint regions; and thoracic sprain. Recent magnetic resonance imaging studies of the cervical spine are noted on 10/29/2014 and electrodiagnostic studies on 10/24/2014; noting chronic cervical radiculopathy. Her treatments have included cervical epidural steroid injections (1/28/15); trigger point injection therapy; physical therapy; medication management; and rest from work. The progress notes of 4/17/2015 reported that the cervical epidural steroid injections (1/28/15) were 80% effective x 10 weeks resolving her tingling in her left arm, and minimizing the amounts taken of medications, and minimizing the frequency of her headaches, improving her sleep. The objective findings were noted to include positive assessment findings which included increased neck pain with extension, decreased cervical sensation, and limited range-of-motion in the right shoulder. The physician's requests for treatments were stated to include a pre-operative appointment and diagnostic testing which included laboratories, urinalysis, x-rays, and an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative appointment; tests to include CBC, Chem 7, PT, PTT, INR, UA complete, standard chest x-ray and a standard EKG; Shoulder x-ray; AP axillary, and outlet of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery - <http://circ.ahajournals.org/cgi/content/full/116/17/e418> and "Preoperative Evaluation" from the National Guideline Clearinghouse - [http://guideline.gov/summary/summary.aspx?doc_id=12973 &nbr=006682](http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health care protocol. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: MTUS Guidelines do not address pre-operative testing, therefore, alternative guidelines were consulted. Per the cited guidelines, abnormal findings (noted on the preoperative basic health assessment) are results that require further evaluation to assess and optimize any surgical/anesthesia risk or cares. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. Most laboratory and diagnostic tests (e.g., hemoglobin, potassium, coagulation studies, chest x-rays, electrocardiograms) are not routinely necessary unless a specific indication is present and may be beyond the scope of this protocol. Other abnormal findings, though relevant to the patient's general health, may not have any impact on the planned procedure or the timing of the procedure. Evaluation and management of these incidental findings should follow standard medical practice and are beyond the scope of the protocol. Chest x-ray is recommended if the patient has signs or symptoms suggesting new or unstable cardiopulmonary disease. The following are recommended for preoperative EKG: 1) Perform electrocardiogram for all patients age 65 and over, within one year prior to procedure, 2) Electrocardiograms are not indicated, regardless of age, for those patients having cataract surgery, 3) Preoperative electrocardiograms are not recommended for patients undergoing other minimal risk procedures, unless medical history/assessment indicate high-risk patient. These guidelines recommend that patients should be identified perioperatively if they are an active carrier or have history of MDRO, such as MRSA, but laboratory screening without significant history is not supported by these guidelines. The injured worker is not reported to have significant history to support perioperative testing prior to arthroscopy. The request for preoperative appointment; tests to include CBC, Chem 7, PT, PTT, INR, UA complete, standard chest x-ray and a standard EKG; Shoulder x-ray; AP axillary, and outlet of right shoulder is not medically necessary.