

Case Number:	CM15-0098677		
Date Assigned:	06/01/2015	Date of Injury:	06/22/2009
Decision Date:	06/30/2015	UR Denial Date:	04/15/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 6/22/2009. She reported a slip and fall with immediate pain to the back, left arm and left hip. Diagnoses include severe left shoulder osteoarthritis, status post lumbar fusion in 2012 and status post left hip replacement, and right hip avascular necrosis. Treatments to date include activity modification, physical therapy, medication management, and epidural steroid injections. Currently, she complained of increased symptoms to the left shoulder. The MRI revealed evidence of arthritic changes and tendinosis of the rotator cuff. On 3/13/15, the physical examination documented deltoid atrophy. Passive range of motion was limited. The treating diagnosis included left shoulder degenerative joint disease with collapse. The plan of care included left shoulder replacement and associated services including pre-operative medical clearance with blood work evaluations (PT, PTT, and CBC), chest x-ray and electrocardiogram (EKG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op medical clearance with blood work (PT, PTT, CBC), chest x-rays and electrocardiogram: 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), Low Back Chapter, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, preoperative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states preoperative clearance including blood work, chest x-ray and EKG may be necessary to stratify risk based on the patients past medical history, com-morbid conditions and surgical procedure being performed. However based on the clinical documentation provided for review, it does not appear that the surgery has been approved and therefore preoperative clearance would not be medically necessary.