
Independent Medical Review Final Determination Letter

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Dated: 12/18/2013

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| IMR Case Number: | CM13-0014214 | Date of Injury: | 9/7/2010 |
| Claims Number: | ██████████ | UR Denial Date: | 8/12/2013 |
| Priority: | Standard | Application Received: | 8/20/2013 |
| Employee Name: | ██ | | |
| Provider Name: | ██ | | |
| Treatment(s) in Dispute Listed on IMR Application: | Pre-Op Clearance, Labs, EKG | | |

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 year old male status post injury 9/7/10 with pending right shoulder arthroscopy with possible rotator cuff repair, subacromial decompression, labral debridement. No documentation of preoperative risk factors or blood pressure.

IMR DECISION(S) AND RATIONALE(S)

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

1. Pre-Op Clearance is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG, Preoperative Testing, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Preoperative Testing.

The Physician Reviewer's decision rationale:

Per ODG, Preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Patient with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require

electrocardiography. In this employee, the decision for shoulder arthroscopy is defined as a low risk procedure and does not require preoperative testing. **The request for Pre-Op Clearance is not medically necessary and appropriate.**

2. Labs is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG, Preoperative Testing, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Preoperative Testing.

The Physician Reviewer's decision rationale:

Per ODG, Preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Patient with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this employee, the decision for shoulder arthroscopy is defined as a low risk procedure and does not require preoperative testing. There is no evidence in the records of anemia or oral anti-coagulation to warrant labs. **The request for Labs is not medically necessary and appropriate.**

3. EKG is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG, Preoperative Testing, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Preoperative Testing.

The Physician Reviewer's decision rationale:

Per ODG, Preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Patient with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this employee, the decision for shoulder arthroscopy is defined as a low

risk procedure and does not require preoperative testing. **The request for EKG is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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