

<b>Case Number:</b>	CM13-0057225		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This claimant is 44-years-of-age and reportedly fell at work on May 30, 2012 and injured her knees and shoulder. The clinical records provided for review documented that the claimant is status post arthroscopic right shoulder surgery on July 13, 2013. Despite post surgery physical therapy, the claimant's right shoulder remains limited in motion especially with internal rotation and she has been diagnosed with postoperative capsulitis. The treating physician has recommended right shoulder manipulation under anesthesia. In the surgical recommendation, there is no mention of any arthroscopy with lysis of adhesions, debridement, or capsular release to be included. Medical records document a past medical history of hypertension, migraines, and asthma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN INTERNATIONAL NORMALIZED RATIO (INR) TEST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines recommend preoperative blood testing in preparation for invasive surgery. The claimant is scheduled to undergo manipulation under anesthesia. There is no mention of any arthroscopy with lysis of adhesions, debridement, or capsular release to be included with the procedure. Therefore, no surgical incision will be undertaken. It is for this reason INR (International Normalized ratio) is not medically necessary.

**A PROTHROMBIN TIME TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative Testing

**Decision rationale:** The Official Disability Guidelines recommend preoperative blood testing in preparation for invasive surgery. The claimant is scheduled to undergo manipulation under anesthesia. There is no mention of any arthroscopy with lysis of adhesions, debridement, or capsular release to be included with the procedure. Therefore, no surgical incision will be undertaken. It is for this reason the request for Prothrombin Time is not medically necessary.

**A SEQUENTIAL MULTIPLE ANALYSIS 7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative Testing

**Decision rationale:** The Official Disability Guidelines recommend preoperative blood testing in preparation for invasive surgery. The claimant is scheduled to undergo manipulation under anesthesia. There is no mention of any arthroscopy with lysis of adhesions, debridement, or capsular release to be included with the procedure. Therefore, no surgical incision will be undertaken. The records indicate that the claimant had a previous SMA7 on July 10, 2013. There are no abnormalities in the results of the previous SMA7 previous. It is therefore unnecessary to repeat an SMA7 as there are no medical factors or indications to repeat SMA7 given age and noninvasive procedure to be performed.

**A PARTIAL THROMBOPLASTIN TIME TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative Testing

**Decision rationale:** The Official Disability Guidelines recommend preoperative blood testing in preparation for invasive surgery. The claimant is scheduled to undergo manipulation under anesthesia. There is no mention of any arthroscopy with lysis of adhesions, debridement, or capsular release to be included with the procedure. Therefore, no surgical incision will be undertaken. It is for this reason the request for PTT is not medically necessary.