

<b>Case Number:</b>	CM13-0059326		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Hand Surgery and is licensed to practice in Texas. 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:

The patient is a 39-year-old female who reported injury on 10/28/2011. The mechanism of injury was noted to be the patient was attempting to close a large metal gate that surrounded her work area and it became stuck and the patient injured her shoulder while pulling it. The patient's diagnosis was noted to be sprains and strains of the shoulder, upper arm rotator cuff capsule, and subacromial impingement. The request was made for a shoulder arthroscopy with rotator cuff repair which was approved. The request additionally was made for a Complete Blood Count (CBC), Basic Metabolic Panel (BMP), urinalysis, preoperative Vancomycin, chest x-ray, Partial Thromboplastin Time (PTT), and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPLETE BLOOD COUNT (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**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 lab testing.

**Decision rationale:** Official Disability Guidelines recommend a complete blood count preoperatively for patients with diseases that increase the risk of anemia or for patients in whom significant perioperative blood loss is anticipated. The clinical documentation submitted for review failed to indicate the patient had a disease that increased the risk of anemia and the requested procedure is considered a low risk surgical procedure. Given the above, the request for a CBC is not medically necessary.

**BASIC METABOLIC PANEL (BMP): 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 lab testing.

**Decision rationale:** Official Disability Guidelines recommend a BMP preoperatively for patients with diseases that increase the risk of anemia or for patients in whom significant perioperative blood loss is anticipated. The clinical documentation submitted for review failed to indicate the patient had a disease that increased the risk of anemia and the requested procedure is considered a low risk surgical procedure. Given the above, the request for a BMP is not medically necessary.

**URINALYSIS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**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 lab testing.

**Decision rationale:** Official Disability Guidelines recommend preoperative urinalysis for patients undergoing invasive urologic procedures and undergoing implantation of foreign material. Clinical documentation submitted for review fails to indicate the patient is having foreign material implanted. Given the above, the request for urinalysis is not medically necessary.

**PT, PROTHROMBIN TIME TEST: 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) – Coagulation.

**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 lab testing.

**Decision rationale:** Official Disability Guidelines recommend that coagulation studies be reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for patients taking anticoagulants. The clinical documentation submitted for review failed to indicate the patient had a medical condition that predisposed them to bleeding or a history of bleeding or was taking anticoagulants. Given the above, the request for PT, prothrombin time test was not medically necessary.

**PARTIAL THROMBOPLASTIN TIME (PTT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Coagulation.

**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 lab testing.

**Decision rationale:** Official Disability Guidelines recommend that coagulation studies be reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for patients taking anticoagulants. The clinical documentation submitted for review failed to indicate the patient had a medical condition that predisposed them to bleeding or a history of bleeding or was taking anticoagulants. Given the above, the request for Partial Thromboplastin Time (PTT) is not medically necessary.

**CHEST X-RAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**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, General.

**Decision rationale:** Official Disability Guidelines indicate that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Clinical documentation submitted for review failed to indicate the patient was at risk of postoperative pulmonary complications and failed to indicate the results would change perioperative management. Given the above, the request for a chest x-ray is not medically necessary.

**PRE-OP VANCOMYCIN 1 GRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Saltzman, M. D., Marecek, G. S., Edwards, S. L., & Kalainov, D. M. (2011). Infection after shoulder surgery. Journal of the American Academy of Orthopaedic Surgeons, 19(4), 208-218. <http://www.jaaos.org/content/19/4/208>. short.

**Decision rationale:** Per Saltzman, M.D., Maracek, et. al. (2011), "Infection after shoulder surgery is rare but potentially devastating." The clinical documentation submitted for review failed to provide documented rationale for the necessity of preoperative vancomycin 1 gram. Given the above, the request for preoperative vancomycin 1 gram is not medically necessary.

**POLAR CARE (PER DAY) QTY: 14.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** Official Disability Guidelines recommends continuous flow cryotherapy for up to 7 days postoperatively. The surgical procedure was approved. However, there was a lack of documentation indicating the necessity for exceeding guideline recommendations. Given the above, the request for Polar Care (per day) QTY: 14 days is not medically necessary.