

<b>Case Number:</b>	CM14-0014013		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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:

The patient is a 45-year-old female who has submitted a claim for Left Shoulder Impingement Syndrome associated with an industrial injury date of March 12, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder pain. On physical examination, there was diffuse tenderness of the left shoulder. Hawkin's and Neer signs were positive. Range of motion was limited in all planes. No sensory deficits of the upper extremities were noted. There was weakness in forward flexion and external and internal rotation. No glenohumeral instability was reported. Treatment to date has included medications, physical therapy, lumbar epidural steroid injection, left occipital nerve block, and trigger point injections. Utilization review from January 29, 2014 denied the request for preoperative medical clearance, labs, and chest x-ray because the underlying medical problems of the patient that require preoperative medical clearance needed to be identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PREOPERATIVE MEDICAL CLEARANCE, LABS:** 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:** CA MTUS does not specifically address preoperative lab testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for preoperative lab testing include: (1) preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material; (2) electrolyte and creatinine testing should be performed in patients with chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; (3) random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; (4) a complete blood count is indicated for patients with diseases that increase the risk of anemia or in whom significant perioperative blood loss is anticipated; and (5) coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding. In this case, the medical records failed to provide evidence of the presence of any indications for preoperative lab testing as stated above. Moreover, the present request failed to specify which laboratory tests are to be performed. The request is incomplete and medical information is lacking. Therefore, the request for Preoperative Medical Clearance, Labs is not medically necessary.

**PREOPERATIVE MEDICAL CLEARANCE, CHEST X-RAY:** 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, General.

**Decision rationale:** CA MTUS does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. In this case, the medical records failed to provide evidence of the presence of any conditions that places the patient at risk of postoperative pulmonary complications. A clear rationale for the request was also not provided. Therefore, the request for Preoperative Medical Clearance, Chest X-Ray is not medically necessary.