

Case Number:	CM14-0126473		
Date Assigned:	08/13/2014	Date of Injury:	10/30/2012
Decision Date:	11/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/09/2014

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 Ohio. 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 injured worker is a 58-year-old male with a date of injury of October 30, 2012. He had been complaining of a painful right shoulder and diminished capacity for activities of daily living. The physical exam revealed somewhat diminished range of motion, positive impingement findings, and subacromial tenderness. An MRI scan revealed a full thickness tear of the distal supraspinatus tendon and a partial thickness tear of the infraspinatus tendon with chronic hypertrophic changes of the acromioclavicular joint. He was treated with opioids and topical creams. The relevant diagnoses were subacromial bursitis, rotator cuff tear, rotator cuff sprain, and degenerative joint disease of the acromioclavicular joint of the right shoulder. On July 25, 2014 he had a right shoulder arthroscopic subacromial decompression with distal clavicular resection and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Blood Work: comprehensive metabolic panel with glomerular filtration rate, prothrombin time, urinalysis RFLUCL, complete blood count with differential, activated partial thromboplastin time and blood typing (ABD/rh): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES 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, Preoperative lab testing

Decision rationale: Per the Official Disability Guidelines:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this instance, the injured worker was not having a urologic procedure done and was not known to be taking anticoagulants or have a bleeding disorder. Therefore, the partial thromboplastin time and urine analysis were not medically necessary. As this review is to consider the totality of the pre-operative testing, therefore, the comprehensive metabolic panel with glomerular filtration rate, prothrombin time, urinalysis RFLUCL, complete blood count with differential, activated partial thromboplastin time and blood typing (ABD/rh) were not medically necessary when considered together.