

<b>Case Number:</b>	CM14-0133914		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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:

The claimant is a 57-year-old gentleman who injured his shoulder while pushing a cart at work on November 16, 2012. Specific to the claimant's right shoulder, there is documentation of failed conservative care for which a right shoulder arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff assessment was authorized by the Utilization Review process on August 5, 2014. Review of the claimant's history fails to identify any comorbidities or underlying medical issues. There is no indication of current medication usage. There are several preoperative requests in relationship to the claimant's right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Metabolic Panel (CMP) with eGFR Blood 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), TWC Treatment; Integrated Treatment/Disability Duration Guidelines Pre-Operative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine

Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

**Decision rationale:** California ACOEM Guidelines do not recommend a comprehensive medical panel with renal function testing for this claimant. While the claimant is scheduled to undergo an arthroscopic procedure to the shoulder, there is no indication of any underlying comorbidity that would require the requested laboratory testing. The specific request in this case in relationship to the claimant's outpatient shoulder procedure would not be supported.

**Urinalysis (UA) with Reflex to Urine Culture QTY: 1.00 (UR): 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); Integrated Treatment/Disability Duration Guidelines Pre-Operative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

**Decision rationale:** California ACOEM Guidelines would not support the need for a urinalysis. The documentation does not identify a urinary issue or past medical history that would support the need for routine urinalysis prior to an arthroscopic procedure to the shoulder. Therefore, this request is not medically necessary.

**Partial Thromboplastin Time (PTT) QTY: 1.00 (UR): 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), TWC Treatment; Integrated Treatment/Disability Duration Guidelines Pre-Operative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

**Decision rationale:** California ACOEM Guidelines would not support coagulation studies. Records in this case fail to demonstrate any evidence of underlying coagulopathy or vascular disorder that would support the need of blood testing as requested. This type of testing would not be routine in a preoperative assessment prior to shoulder arthroscopic procedure and would not be supported.

**ABO/RH Blood Typing QTY: 1.00 (UR): 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), TWC Treatment; Integrated Treatment/Disability Duration Guidelines Pre-Operative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

**Decision rationale:** California ACOEM Guidelines would not support preoperative testing to include blood type screening. Records indicate the claimant is to undergo an arthroscopic process to the shoulder which, by nature, results in minimal blood loss. There is no increased risk or need for potential transfusion with the requested surgery. The preoperative testing in question would not be supported as medically necessary.

**Prothrombin Time (PT): 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), TWC Treatment; Integrated Treatment/Disability Duration Guidelines Pre-Operative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

**Decision rationale:** California ACOEM Guidelines would not support coagulation studies. Records in this case fail to demonstrate any evidence of underlying coagulopathy or vascular disorder that would support the need of blood testing as requested. This type of testing would not be routine in perioperative assessment prior to shoulder arthroscopic procedure and would not be supported.