

Case Number:	CM14-0030991		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2012
Decision Date:	10/01/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family 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 49-year-old male who has submitted a claim for Adhesive capsulitis of shoulder associated with an industrial injury date of August 9, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of difficulty with rotation behind his back for at least 8 months. Examination showed left shoulder flexion was to 160 degrees, abduction to 160 degrees, extension to 25 degrees, abduction to 80 degrees and external rotation to 45 degrees. There was minimal subacromial tenderness with diffuse pain and minimal atrophy of the shoulder. Impingement sign was fully negative. X-rays of the left shoulder showed type II acromion morphology and minimal degenerative changes. MRI of the left shoulder 11/30/12 showed rotator cuff tendinopathy with degenerative changes, no frank rotator cuff tear and effusion of the shoulder with capsulitis. The plan was for left shoulder arthroscopy with arthroscopic lysis of adhesions, subacromial decompression, distal clavicle resection, biceps and labral work and physical therapy. Treatment to date has included medications, physical therapy and work restrictions. Utilization review from March 3, 2014 denied the request for preop lab work because portions of the procedure are not well substantiated by the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preop Lab work: 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.