

<b>Case Number:</b>	CM14-0039120		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 57 year old male who reported an injury to his foot, head, and shoulder as a result of a fall of 8 feet on 08/02/11. The injured worker reported short loss of consciousness for a short period of time. The incident occurred when his leg fell through the rungs that were latched on to one side. The injured worker presented to the emergency room where x-rays were taken of the left lower leg which revealed a mid-shaft non-displaced fracture of the fibula. The injured worker was provided with a posterior calf splint. The injured worker also reported episodes of light headedness and passing out. A clinical note dated 02/10/13 indicated the injured worker undergoing physical therapy. The injured worker continued to report occasional dizziness with headaches. The injured worker also voiced concern for his concentration and memory. The qualified medical examination dated 04/08/13 indicated the injured worker complaining of mild bilateral carpal tunnel syndrome symptoms. A clinical note dated 07/09/13 indicated the injured worker utilizing Lidoderm patches and Naprosyn for pain relief. A clinical note dated 01/20/14 indicated the injured worker having a current smoking habit of eight cigarettes per day. Strength deficits were identified at the left shoulder including flexion and abduction rated 4/5. The MRI of the left shoulder revealed near full thickness bursal sided tear of the supraspinatus tendon. Subscapularis tendinosis was also identified with partial thickness tear. Utilization review dated 04/02/14 indicated the injured worker having been approved for left shoulder rotator cuff repair and shoulder brace, and pre-operative testing including CBC, UA, and EKG. The operative report dated 06/17/14 indicated the injured worker undergoing left sided rotator cuff repair with subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 pre op testing to include CBC, PT, UA, comprehensive metabolic panel , EKG:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**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 Complaints. Preoperative lab testing and Preoperative electrocardiogram (ECG).

**Decision rationale:** The request for pre-op testing to include CBC, PT, UA, comprehensive metabolic panel, EKG is recommended as medically necessary. The injured worker underwent left shoulder rotator cuff repair. Given the age of the injured worker and complexity associated with the proposed procedure pre-operative testing is indicated. Additionally, it appears the injured worker previously underwent utilization review which resulted in approve for pre-operative tests. Therefore, this request is medically necessary.

**1 pre op clearance:** Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules , California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing, general.

**Decision rationale:** Given the age of the injured worker of 57 years pre-operative testing is indicated in order to identify any potential contraindications prior to the surgical procedure. Therefore, this request is medically necessary.