

<b>Case Number:</b>	CM14-0063506		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on October 25, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 6, 2013, indicates that there are ongoing complaints of right shoulder pain especially with range of motion. There was stated to be little improvement with a home exercise program. The physical examination demonstrated decreased left shoulder range of motion and strength rated at 4/5. There was pain with reaching overhead and tenderness at the acromioclavicular joint. Diagnostic imaging studies of the right shoulder dated February 10, 2009, indicated postsurgical changes of the superior and anterior labrum, tears of the posterior labrum, and an old fracture of the humeral head. Previous treatment includes right shoulder surgery, chiropractic care, physical therapy, and a home exercise program. A request had been made for a comprehensive metabolic panel, hemoglobin A1C, and a complete blood count and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Metabolic Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952255>, J Am Pharm Assoc (Wash). 1996 Nov;NS36(11):668-79; quiz 679-81., Cannon B1, Lee M., Clinical Laboratory Test: application to daily practice

**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 - Lumbar and Thoracic, Preoperative Lab Testing, Updated August 22, 2014.

**Decision rationale:** The Official Disability Guidelines would support laboratory testing in the preoperative setting, however there is no documentation of an approved or upcoming surgery for the injured employee. Such, this request for a comprehensive metabolic panel is not medically necessary.

**Hemoglobin A1C:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952255>, J Am Pharm Assoc (Wash). 1996 Nov;NS36(11):668-79; quiz 679-81., Cannon B1, Lee M., Clinical Laboratory Test: application to daily practice

**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 - Lumbar and Thoracic, Preoperative Lab Testing, Updated August 22, 2014.

**Decision rationale:** The Official Disability Guidelines would support laboratory testing in the preoperative setting, however there is no documentation of an approved or upcoming surgery for the injured employee. Such, this request for a comprehensive metabolic panel is not medically necessary.

**Complete Blood Count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952255>, J Am Pharm Assoc (Wash). 1996 Nov;NS36(11):668-79; quiz 679-81., Cannon B1, Lee M., Clinical Laboratory Test: application to daily practice

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