

Case Number:	CM14-0068226		
Date Assigned:	07/14/2014	Date of Injury:	11/27/2012
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 represented [REDACTED] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of November 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; and consultation with a shoulder surgeon, who apparently endorsed a surgical remedy. In a Utilization Review Report dated April 30, 2014, the claims administrator approved a right shoulder arthroscopy, an assistant surgeon, 12 sessions of postoperative physical therapy, and partially certified request for laboratory testing as CBC and BMP alone. The claims administrator partially certified/conditionally certified a request for DVT prophylaxis as TED stockings. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant was asked to obtain MR arthrography of the injured shoulder. The applicant's work status was not furnished. In an April 29, 2014 progress note, the applicant was described as having persistent complaints of shoulder pain. The applicant remained symptomatic, with pain and weakness with overhead reaching activities. Positive signs of internal impingement were noted. A diagnostic and operative arthroscopy was sought. The applicant's work status was not clearly provided. On March 18, 2014, the applicant was placed off of work, on total temporary disability. On January 9, 2013, the applicant was described as having history of two prior left knee surgeries. The applicant had no medical comorbidities, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS; CBC, CMP, PT/PTT, HEP PANEL, HIV PANEL, U/A: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

Decision rationale: The request in question represented request for preoperative laboratory testing. The MTUS does not address the topic. As noted by Medscape, however, routine preoperative testing of healthy applicants undergoing elective surgery is "not recommended." While Medscape endorses hemoglobin levels in applicants who are planning to undergo major surgery with significant expected blood loss and/or in applicants who are aged 65 years of age or greater, in this case, however, the applicant is 46 years old. The proposed shoulder arthroscopy is not a major surgery in which large amounts of blood loss are anticipated. Furthermore, Medscape notes that serum creatinine testing is recommended in applicants greater than 50 years of age. In this case, the applicant is 46 (less than 50). Medscape further notes that preoperative urinalysis, as is being sought here, should not be routinely done for asymptomatic applicants. In this case, the applicant does not have any active symptoms of dysuria, polyuria, and/or hematuria which would support the need for a preoperative urinalysis. Similarly, Medscape states that the PT and PTT at issue are "not recommended" for routine preoperative testing. In this case, there is no evidence that the applicant has any kind of bleeding dyscrasia or bleeding diaphysis which would support the need for the PT and PTT components of the request. Since multiple components of the request are not recommended, the entire request is not recommended. Therefore, the request is not medically necessary.

DVT PROPHYLAXIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMC Musculoskeletal Disorders 2010, 11:65 doi:10.1186/1471-2474-11-65.

Decision rationale: Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 inhabitants in the general population and it is very rare after arthroscopy of the shoulder. Therefore, the current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures, and is therefore, not medically necessary.