

<b>Case Number:</b>	CM14-0073675		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 37-year-old individual was reportedly injured on October 10, 2012. The mechanism of injury was noted as a carrying type event. The most recent progress note, dated August 20, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated a 5 foot 7 inch, 175 pound individual with tenderness to palpation about the right shoulder. The surgical scars were noted to be well healed. The circumference was equal bilaterally. A marked decrease in right shoulder range motion was reported. Wrists and elbows range of motion were to be intact. Diagnostic imaging studies were not reviewed. Electrodiagnostic studies noted evidence of upper brachial trunk plexus dysfunction. Previous treatment included multiple medications, physical therapy, injection therapies and pain management interventions. A request had been made for preoperative laboratory studies and was not certified in the pre-authorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative Labs: (CBC, UA, CMP):** 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) Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

**Decision rationale:** Records reflect that the proposed right shoulder surgery has not been authorized in the preauthorization process. As such, there is no clinical indication for the operative laboratory studies. The requesting provider also notes a proposed shoulder surgery, and again, it is not clear this has been endorsed in the preauthorization process. Therefore, this is insufficient clinical information presented to support this request. Such as, the request for preoperative labs: (CBC, UA, CMP) is not medically necessary.