MAXIMUS Federal Services

Case Number:	CM14-0073808		
Date Assigned:	07/16/2014	Date of Injury:	05/18/2013
Decision Date:	08/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgery 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:

This 35-year-old female checker sustained an industrial injury on 5/18/13. Injury occurred pushing and pulling grocery carts. Past medical history was reported as negative. The 7/5/13 right shoulder MRI impression documented distal subscapular tendinopathy and small anterosuperior labral tear with paralabral cyst formation. There was no rotator cuff tear identified. Records documented on-going anterior and anterolateral right shoulder pain, worse with activity and better with rest. Physical exam documented positive impingement signs, full range of motion, and 4/5 rotator cuff strength. Conservative treatment included physical therapy, injections, activity modification and medications, but the patient remained symptomatic. Right shoulder arthroscopy with subacromial decompression, and labrum repair with decompression labral cyst was recommended. The 5/1/14 utilization review approved the request for right shoulder surgery. The request for pre-operative Rh panel was denied. There was no rationale presented to support the medical necessity of determining the patient's Rh factor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Lab : Rh Panel: 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have not been met. There is no rationale presented to support the pre-operative Rh panel for this patient. The medical necessity of this test is not established regarding why this information would be relevant to the requested right shoulder arthroscopy. Therefore, this request for pre-op lab including an Rh Panel is not medically necessary.