

Case Number:	CM14-0211783		
Date Assigned:	01/14/2015	Date of Injury:	09/28/2001
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 65-year-old female with date of injury of 09/28/2001. The listed diagnoses from 10/27/2014 are: 1. Severe arthritis in the right shoulder. 2. Lateral joint line pain with pain in the patellofemoral region of the right knee. According to this report, the patient complains of right knee and right shoulder pain. Her knee is doing okay but she still has a lot of lateral joint line pain with pain in the patellofemoral region and pain in the winter. Her right shoulder is becoming progressively more arthritic. She has a high-riding glenohumeral joint with bone-on-bone deformity and shows severe arthritis involving the right shoulder. She has crepitus, grinding and pain at night. The patient can forward flex to about 70 to 80 degrees and takes Norco on a fairly regular basis for her shoulder pain. The patient is pending a right reverse total shoulder replacement. Treatment reports from 04/29/2014 to 12/15/2014 were provided for review. The utilization review modified the request on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs: Complete Blood Count (CBC), renal function panel, Prothrombin Time (PT) and Partial Thromoplastin Time (PTT): 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) 12th

edition, 2014, Low Back Section, Preoperative Lab Testing Academy of Orthopedic Surgeons, Orthopedic knowledge update, OKU 9, Jeffrey S Fischgrund, MD:editor, Chapter 9, pages 105-113 .

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 Chapter on Preoperative Lab Testing.

Decision rationale: This patient presents with right knee and right shoulder pain. The patient is pending right reverse total shoulder replacement. The treating physician is requesting PREOPERATIVE LABS: COMPLETE BLOOD COUNT (CBC), RENAL FUNCTIONAL PANEL, PROTHROMBIN TIME (PT), AND PARTIAL THROMBOPLASTIN TIME (PTT). The MTUS and ACOEM guidelines do not address this request; however, ODG guidelines under the low back chapter on preoperative lab testing, states that it is indicated under the following criteria: for patients undergoing invasive urologic procedures, for patients with underlying chronic disease, for patients at risk for undiagnosed diabetes mellitus, etc. The records do not show any previous preoperative laboratory tests. The records do not show a history of diabetes, high blood pressure, cardiac, pulmonary, renal, or gastrointestinal disorders. In this case, the patient does not meet the criteria for preoperative lab testing. The request IS NOT medically necessary.