

Case Number:	CM14-0072227		
Date Assigned:	07/16/2014	Date of Injury:	08/15/2013
Decision Date:	01/30/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64 year old male who sustained a work related injury on 08/15/2013. While working as a field worker/driver, the injured worker stated he developed pain and felt a pulling sensation in his right shoulder and arm when he was lifting heavy objects and pulling plants out of the ground. Diagnoses include complete rupture of rotator cuff and right shoulder long head tendon rupture. Treatments have included medications, home exercises and physical therapy which have not helped. The injured worker underwent magnetic resonance imaging (MRI) 12/12/2013 and right shoulder X-ray 09/04/2013. The injured worker continues with complaint of constant pain of his right shoulder, difficulties with lifting, carrying objects and brushing his teeth. The physician report dated 02/14/2014 the physician documented the injured worker continued with pain and noted weakness, numbness and tingling. The physician request for right shoulder arthroscopy, subacromial decompression and rotator cuff tear (RCT) repair was recommended for non-certified. This is a request for decision for Metabolic Panel for Medical Clearance. On 05/06/2014 utilization review non-certified the request for the Metabolic Panel for Medical Clearance; as the surgery was non-certified, this request is also recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metabolic Blood Panel for Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: comprehensive metabolic panel . <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of metabolic panel. The latter can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rationale behind ordering this test. The test was ordered as a part of surgery work up which was not certified. Therefore, the request for Metabolic Blood Panel for Medical Clearance is not medically necessary.