

Case Number:	CM15-0002770		
Date Assigned:	01/13/2015	Date of Injury:	04/12/2013
Decision Date:	03/16/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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: Orthopedic Surgery, Sports Medicine

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 45-year-old male who reported an injury on 04/12/2013. The mechanism of injury was not provided. On 11/13/2014, the injured worker presented with right elbow, left shoulder and left elbow pain. Examination of the left shoulder revealed no obvious gross deformities. Anatomical alignment of the shoulder is well preserved. There is well healed arthroscopic portals. There is point tenderness over the lateral epicondyle. There is a positive Cozen's test bilaterally. Diagnoses were left shoulder subacromial bursitis, left shoulder parascapular myofascial syndrome, left shoulder bicep tendinitis bilateral elbow medial and lateral epicondylitis, status post left shoulder arthroscopic subacromial decompression, bilateral elbow lateral epicondylitis and left elbow medial epicondylitis grade I. Current medications included Prilosec. The treatment plan included preoperative labs. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-operative labs: 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 Low Back, Preoperative testing, general.

Decision rationale: The request for associated surgical service preoperative labs is not medically necessary. Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risks, direct anesthetic choices and guide postoperative management but are often obtained because of protocol rather than medical necessity. The decision to order preoperative test should be guided by the injured worker's clinical history, comorbidities and physical exam findings. There is no clear rationale for preoperative testing. The injured worker does not have the comorbidity or physical exam findings to suggest the need for a preop testing. As such, medical necessity has not been established.

Associated surgical service: pre-operative EKG: 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), Pre-operative Electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, pre-operative testing, general.

Decision rationale: The request for associated surgical service preoperative EKG is not medically necessary. Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risks, direct anesthetic choices and guide postoperative management but are often obtained because of protocol rather than medical necessity. The decision to order preoperative test should be guided by the injured worker's clinical history, comorbidities and physical exam findings. There is no clear rationale for preoperative testing. The injured worker does not have the comorbidity or physical exam findings to suggest the need for a preop EKG. As such, medical necessity has not been established.