

<b>Case Number:</b>	CM15-0100038		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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:

This 50 year old female sustained an industrial injury to the right shoulder and neck on 5/28/13. Previous treatment included magnetic resonance imaging, cervical epidural steroid injections, injections, acupuncture (25 visits), chiropractic therapy (20 visits), medications and home exercise. Magnetic resonance imaging right shoulder (11/1/13) showed moderate rotator cuff tendinosis with a partial interstitial tear of the supraspinatus tendon with down sloping acromion. In a PR-2 dated 3/11/15, the injured worker complained of right shoulder pain rated 7/10 on the visual analog scale with radiation toward the neck and shoulder blade area. The injured worker reported that her symptoms were worsening. Physical exam was remarkable for right shoulder with tenderness to palpation over the acromial joint without instability, positive Neer's and Hawkin's tests and restricted range of motion. Current diagnoses included right shoulder bursitis, right shoulder impingement, right shoulder acromial degenerative joint disease and partial tear of the supraspinatus tendon. The treatment plan included right shoulder arthroscopy with debridement and associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Studies (Labs, CBC (complete blood count), Chem7, PT (prothrombin time)/PTT (partial thromboplastin time)/INR (international normalized ratio)):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Preoperative lab testing, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient.

**Decision rationale:** Complete blood count is a blood test that gives information on hemoglobin, white blood cells, and platelets. Anemia is present in approximately 1 percent of asymptomatic patients. The frequency of significant unsuspected white blood cell or platelet abnormalities in healthy patients is low. CBC is not recommended routinely for preoperative clearance. Chem panel is a blood test that measures renal function, blood glucose, and electrolytes. Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). The frequency of glucose abnormalities increases with age; almost 25 percent of patients over age 60 had an abnormal value in one report. Chem panel is not recommended routinely for preoperative clearance. PT/PTT/INR are tests to evaluate hemostasis. Routine preoperative tests of hemostasis are not recommended. The request is not medically necessary.

**Pre-Op Studies EKG (electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Preoperative testing, general, Preoperative electrocardiogram (ECG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Diagnostic approach to chest pain in adults; Arrhythmia management for the primary care clinician.

**Decision rationale:** Electrocardiogram is indicated in patients with chest pain, shortness of breath, or palpitations. It is used to aid in diagnosis of ischemic heart disease, congestive heart failure, and dysrhythmias. In this case the patient has no history of or risk factors for heart disease. Electrocardiograms (ECGs) have a low likelihood of changing perioperative management in the absence of known cardiac disease. EKG is not medically necessary or recommended.

**Pre-Operative Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL ([www.guideline.gov/content.aspx?id=48408](http://www.guideline.gov/content.aspx?id=48408)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient.

**Decision rationale:** The overall risk of surgery is low in healthy individuals. Preoperative tests usually lead to false-positive results, unnecessary costs, and a potential delay of surgery. Preoperative tests should not be performed unless there is a clear clinical indication. The ability to stratify risk by commonly performed evaluations is limited. Medical necessity has not been established. The request is not medically necessary.