

Case Number:	CM15-0101633		
Date Assigned:	06/04/2015	Date of Injury:	11/09/2011
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Anesthesiology

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 44 year old male, who sustained an industrial injury on 11/09/2011. The injured worker reported falling off a ladder and was found unconscious. The diagnoses have included traumatic brain injury. On provider visit dated 03/03/2015 the injured worker has reported for reevaluation of left shoulder. On examination of the left shoulder decreased in range of motion was noted. And Positive Neer and Hawkins impingement sign. Treatment to date has included neurological rehabilitation, physical therapy and medications. MRI of the left shoulder on 04/13/2015 revealed full thickness perforating tear of the posterior fibers of the supraspinatus tendon and anterior fibers of the infraspinatus tendon at the footprint. And suggestive of SLAP type II labral tar. The injured worker was noted not to be working. Per documentation left shoulder diagnostic arthroscopy had previously been approved. The provider requested Medical Clearance (CBC, CMP, PT/PTT, HEP Panel, HIV Panel, U/A, EKG, Chest X-Ray).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative CBC, CMP: 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),

Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative testing, general; Preoperative lab testing.

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count (CBC) is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. In this case, the patient was scheduled/previously approved to have a left shoulder diagnostic arthroscopy. This surgical procedure is considered a low-risk procedure and has a reported cardiac risk of less than 1%. Patients undergoing low-risk surgery, as in this case, do not require a pre-operative electrocardiogram (ECG). (Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors.) This patient had an ECG on 12/08/2014 which was documented as NSR and without acute ischemic changes. Chest radiography (CXR) is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. A pre-operative CXR is not necessary in this case. Pulse oximetry and spirometric lung function testing done on 12/08/2014 were reported as normal. Medical necessity for the requested service has not been established. The requested laboratory studies (CBC and a Comprehensive Metabolic Profile (CMP)) are not medically necessary. The requested testing is not medically necessary.

Pre-Operative PT/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), Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative testing, general; Preoperative lab testing.

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, the patient was scheduled/previously approved to have a left shoulder diagnostic arthroscopy. This surgical procedure is considered a low-risk procedure and has a reported cardiac risk of less than 1%. Coagulation studies (PT/PTT) are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Medical necessity for the requested testing has not been established. The requested testing is not medically necessary.

Pre-Operative HEP 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 (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative testing, general; Preoperative lab testing.

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis (U/A)) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Patients with signs or symptoms of hepatitis (fever, abdominal pain, vomiting, jaundice, dark yellow urine, feeling tired) should be evaluated with appropriate testing. A hepatitis panel (HEP) is a blood test to find markers of a hepatitis infection. In this case, there is no documentation of any signs or symptoms of hepatitis. Medical necessity for the requested testing has not been established. The requested HEP panel is not medically necessary.

Pre-Operative U/A: 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), Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative testing, general; Preoperative lab testing.

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis (U/A)) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). A pre-operative U/A is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. In this case, the patient was scheduled to have a left shoulder diagnostic arthroscopy. This surgical procedure is considered a low-risk procedure and a U/A is not indicated. Medical necessity for the requested testing has not been established. The requested pre-operative U/A is not medically necessary.

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), Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative electrocardiogram (ECG).

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, U/A) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In addition, electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk

factors. In this case, the patient was scheduled to have a left shoulder diagnostic arthroscopy. This patient had an electrocardiogram (ECG or EKG) on 12/08/2014, which was documented as normal sinus rhythm with no acute ischemic changes. This surgical procedure is considered a low-risk procedure and has a reported cardiac risk of less than 1%. Patients undergoing low-risk surgery, as in this case, do not require a pre-operative EKG. Medical necessity for the requested testing has not been established. The requested pre-operative EKG is not medically necessary.

Pre-Operative Chest X-Ray: 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), Treatment Index, 13th Edition (web), 2015, Low Back, Preoperative testing, general.

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis (U/A)) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Chest radiography (CXR) is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the patient was scheduled to have a left shoulder diagnostic arthroscopy. This procedure is considered a low-risk surgical procedure. A pre-operative CXR is not necessary in this case. Of note, pulse oximetry and spirometric lung function testing done on 12/08/2014, were reported as normal. Medical necessity for the requested testing has not been established. The requested pre-operative CXR is not medically necessary.

HIV 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 (ODG), Pre-Operative Testing.

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, Preoperative testing, general, Preoperative Lab Testing, Preoperative electrocardiogram (ECG) and Other Medical Treatment Guidelines Medscape Internal Medicine (2014).

Decision rationale: According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis (U/A)) is often performed before surgical

procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). In this case, there is no clinical indication (e.g., clinical suspicion of HIV infection, reported high-risk exposure, inclusion of HIV with a differential diagnosis) for obtaining an HIV panel. This request is not supported by evidence-based guidelines. Medical necessity for the requested testing has not been established. The requested HIV panel is not medically necessary.