

Case Number:	CM15-0133325		
Date Assigned:	07/21/2015	Date of Injury:	05/12/2011
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male, who sustained an industrial injury on 5/12/11. Initial complaints were not reviewed. The injured worker was diagnosed as having right carpal tunnel syndrome; adhesive capsulitis left shoulder; cervical radiculitis/radiculopathy; carpal tunnel syndrome left; altered mental status Treatment to date has included arthroscopic left shoulder surgery (7/28/14); physical therapy; medications. Diagnostics studies included EMG/NCV study bilateral lower extremities (5/24/11); MRI left shoulder (5/27/11); EMG/NCV bilateral upper extremities. Currently, the PR-2 notes dated 4/21/15 indicated the injured worker complains of left shoulder pain which increases with overhead activities, pushing, pulling and lifting. He also complains of pain in the right hand along with numbness and swelling. He is a status post arthroscopic left shoulder surgery (7/28/14) and is now diagnosed with adhesive capsulitis. On physical examination of the left shoulder the provider notes a well-healed arthroscopic portal. His range of motion is documented with flexion 60 degrees, abduction 60 degrees, external rotation at 75 degrees and internal rotation 45 degrees. His bilateral wrist and hands note flexion at 45 degrees, extension 45 degrees, radial deviation 15 degrees and ulnar deviation 20 degrees. There is tenderness over the distal radioulnar joint. There is abnormal two-point discrimination over the median nerve distribution, greater than 8mm. There is abnormal grip strength and weakness of the hands bilaterally. The provider's treatment plan includes a left shoulder manipulation under anesthesia followed by immediate physical therapy. The provider is requesting authorization of 1 Pre operative laboratory works (complete blood count, Prothrombin time, Partial Prothrombin time, International Normalized ration, Sequential multiple analysis-7 and urinalysis and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation electrocardiography.
<http://emedicine.medscape.com/article/1894014-overview>.

Decision rationale: The patient is scheduled for a low risk procedure. There is no documentation of any cardiac issues in the patient file and the need for EKG is unclear. Therefore, the request for EKG is not medically necessary.

1 Pre operative laboratory works (complete blood count, Prothrombin time, Partial Prothrombin time, International Normalised ration, Sequential multiple analysis-7 and urinalysis: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>.

Decision rationale: The patient is scheduled for low risk procedure. There is no documentation that the patient is suffering from a blood dyscrasia, renal or liver dysfunction. Furthermore, the request of blood work up should be guided by the patient comorbid condition. Therefore, the request for 1 Pre operative laboratory works (complete blood count, Prothrombin time, Partial Prothrombin time, International Normalised ration, Sequential multiple analysis-7 and urinalysis is not medically necessary.