

Case Number:	CM15-0161106		
Date Assigned:	08/28/2015	Date of Injury:	10/02/1996
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old male who sustained an industrial injury on 10-2-96. The injured worker was diagnosed as having degenerative joint disease of the left shoulder. Currently, the injured worker reported left shoulder discomfort. Previous treatments included status post multiple shoulder surgeries and medication management. Previous diagnostic studies included a left shoulder magnetic resonance imaging (1-6-11), left shoulder ultrasound (12-15-11) and radiographic studies. Work status was not noted. The injured workers pain level was not noted. Physical examination was notable for left shoulder with tenderness to palpation throughout, minimal effusion, positive impingement on forward flexion. The plan of care was for preoperative laboratory studies and post-operative Zofran 4 milligrams quantity of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Low Back Chapter - Preoperative 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative lab testing. ODG low back is referenced. Guidelines for preoperative CBC are stated as patients with a medical risk for anemia or a planned surgery with significant blood loss. For testing of metabolic panel or creatinine, the guidelines recommend testing for patients with chronic kidney disease. Based on the clinic notes provided, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.

Post-operative Zofran 4mg, #10: 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), Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, determination is not medically necessary.