

Case Number:	CM15-0163835		
Date Assigned:	09/01/2015	Date of Injury:	12/11/2013
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 12-11-13. The injured worker has complaints of neck and right shoulder pain. Cervical spine examination reveals straightening of the spine with loss of normal cervical lordosis but no asymmetry, lordosis and surgical scar and range of motion is restricted. Right shoulder examination reveals movements are restricted. The diagnoses have included pain in joint of shoulder; pain in joint of upper arm; rotator cuff syndrome of shoulder and allied disorders; cervicgia and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included physical therapy; injections to the right shoulder; transcutaneous electrical nerve stimulation unit; heat therapy; LidoPro; naproxen; Pantoprazole and magnetic resonance imaging (MRI) of the right shoulder showed superior labral tear extending to the biceps tendon and supraspinatus tear. The request was for Laboratory works with electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory works with EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 UpToDate: Preoperative medical evaluation of the healthy patient UpToDate: Evaluation of cardiac risk prior to non-cardiac surgery.

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 is low. 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. Urinalysis is indicated when screening for urinary tract infection in symptomatic patients and for screening for renal disease. 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 this request is for preoperative clearance for shoulder arthroscopy. The type of laboratory studies are not documented. The lack of documentation does not allow determination of necessity. The patient has no risk factors for the Revised Goldman cardiac risk index. The risk for cardiac event in this procedures in < 1%. EKG is not indicated. The request should not be medically necessary.