

<b>Case Number:</b>	CM15-0180916		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	11/04/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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(n) 54 year old female, who sustained an industrial injury on 3-1-14. The injured worker was diagnosed as having right shoulder impingement syndrome. The physical exam (3-10-15 through 6-9-15) revealed 7 out of 10 pain in the right shoulder, decreased right shoulder range of motion and a positive impingement sign. Treatment to date has included a right shoulder MRI on 4-10-15 showing tendinopathy of the supraspinatus tendon, physical therapy x 15 sessions, a right shoulder injection (date of service not documented) and Tramadol. There is no documentation of chronic illness or previous complications with surgery. As of the PR2 dated 7-21-15, the injured worker reports right shoulder pain. The injured worker noted burning with urination. Objective findings include tenderness to palpation over the right acromioclavicular joint. The treating physician requested a pre-op BMP and a pre-op CBC. The Utilization Review dated 9-8-15, non-certified the request for a pre-op BMP and a pre-op CBC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op Labs: BMP (Basic metabolic 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) Low Back, 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 is 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 note of 7/21/15, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.

**Pre-op Labs: CBC (Complete blood count):** 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, 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 is 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 note of 7/21/15, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.