MAXIMUS Federal Services

Case Number:	CM15-0197909		
Date Assigned:	10/13/2015	Date of Injury:	12/07/2009
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on December 7, 2009, incurring right and left shoulders and low back injuries. He was diagnosed with a right shoulder rotator cuff tear, lumbar multilevel disc herniations with bilateral sciatica. He underwent right shoulder arthroscopy in April, 2010 and again in June, 2011. Currently, the injured worker complained of lumbar and cervical pain and bilateral shoulder pain rated 8 out of 10 on a pain scale from 0 to 10. He also noted increased abdominal pain diagnosed as an umbilical hernia. On March 18, 2015, the injured worker had a surgical repair of the umbilical hernia. The injured worker was known to have a second industrial injury in 2013 noting a left shoulder rotator cuff tear. He continued to have increased left shoulder pain and limited range of motion with activities. He was authorized for left shoulder surgery. The treatment plan that was requested for authorization on October 8, 2015, included Venipuncture (complete blood workup). On September 8, 2015, a request for venipuncture was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venipuncture (complete blood workup): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003898/Venipuncture.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nih.gov.

Decision rationale: The medical records submitted do not provide a rationale for the necessity of lab testing or which lab tests are being requested. It was later determined by the utilization reviewer that this is a request for pre-operative blood testing prior to an arthroscopy of the shoulder. The labs include a CBC, CMP, PT, PTT, INR, TSH, UA and Hgb A1C (pt is a type 2 diabetic). A TSH level is not necessary prior to an arthroscopy; therefore the request is not medically necessary or appropriate.