

Case Number:	CM15-0201838		
Date Assigned:	10/16/2015	Date of Injury:	12/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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: Minnesota, Florida 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 38 year old male, who sustained an industrial injury on 10-11-2014. The injured worker was being treated for a right superior labral tear from anterior to posterior, right shoulder subacromial impingement, and right shoulder rotator cuff tendinosis. Medical records (5-15-2015, 6-9-2015, and 9-12-2015) indicate ongoing right shoulder pain. The physical exam (6-9-2015) reveals tenderness of the subacromial space in the bicipital groove, positive impingement signs, a positive circumduction test, and full range of motion of the right shoulder. The physical exam (9-12-2015) reveals slight atrophy of the right shoulder, diffuse tenderness of the subacromial and anterior lateral aspect, extreme tenderness over the bicipital groove, and mild tenderness to palpation over the ACJ. There is right shoulder forward flexion and abduction of 160 degrees, extension of 50 degrees, external rotation of 80 degrees, and internal rotation of 50 degrees. There is crepitus with palpation on circumduction. On 2-12-2015, an MRI of the right shoulder revealed a superior labral tear from anterior to posterior and mild to moderate rotator cuff tendinosis with a small partial interstitial tear. Treatment has included chiropractic therapy, acupuncture, off work, and medications including oral pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-10-2015 report), the injured worker is temporary totally disabled. The requested treatments included pre-op complete blood count (CBC), basic metabolic profile (BMP), and electrocardiogram (EKG). On 9-25-2015, the original utilization review non-certified a request for pre-op CBC, BMP, and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines indicate preoperative lab testing should be based on the comorbidities. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. In this case there is no history of any diseases that increase the risk of anemia. Nor is there anticipation of perioperative blood loss from the procedure. As such, a complete blood count is not supported by ODG guidelines and the medical necessity is not established.

Pre-op Lab Testing: BMP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines indicate random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In this case the injured worker is known to have diabetes mellitus. Therefore A1C testing is recommended if the results would change perioperative management. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The injured worker is not taking any such medications. The documentation indicates that he takes Flexeril, Naprosyn, and omeprazole as needed. He is a nonsmoker. However, in light of the history of diabetes and hypertension, and use of NSAIDs with possible renal disease, the BMP including HGB A1C was appropriate and medically necessary.

Pre-op Lab Testing: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative electrocardiogram.

Decision rationale: With regard to preoperative EKG, the ODG guidelines indicate that arthroscopic surgery is a low risk outpatient procedure. Preoperative EKG is not indicated in low risk procedures. As such, the request for the EKG is not supported and the medical necessity has not been substantiated.