

<b>Case Number:</b>	CM15-0204990		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/07/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 61-year-old male who sustained an industrial injury on 12/7/14. Injury occurred when he slipped and fell while cleaning the window on his truck. He reached for the mirror while falling with onset of right shoulder pain. Initial right shoulder X-rays had moderately advanced hypertrophic arthritic changes in the acromioclavicular (AC) joint. There were no acute fractures or dislocations. Past medical history was positive for hypertension and diabetes. The 1/23/15 right shoulder MRI impression documented severe hypertrophic arthritic changes in the AC joint with a type II acromion likely causing some shoulder impingement. There was subacromial-subdeltoid bursitis and tendinopathy of the distal supraspinatus and infraspinatus tendon with a partial thickness tear of the supraspinatus. There was a SLAP type I degenerative type tear involving the posterior superior labrum. Conservative treatment had included non-steroidal anti-inflammatory medications, corticosteroid injection, activity modification, and physical therapy. The 9/18/15 treating physician report cited continued right shoulder pain with pushing, pulling, and overhead reaching, with weakness. Physical therapy had not been beneficial. Right shoulder exam documented forward flexion and abduction of 150 degrees, weakness in external rotation and abduction, and painful arc of motion from 60 to 120 degrees. The diagnosis was right shoulder impingement syndrome, acromioclavicular arthrosis, and SLAP lesion. Authorization was requested for right shoulder arthroscopic subacromial decompression and distal clavicle resection, medical clearance, pre-operative labs including complete blood count (CBC) and basic metabolic panel (BMP), pre-operative EKG, Norco 10-325mg #40, and Keflex 500mg #8. The 9/30/15 utilization review certified the requests for right

shoulder arthroscopic subacromial decompression and distal clavicle resection, medical clearance, Norco 10-325mg #40 and preoperative EKG were certified. The request for pre-operative labs including a CBC and BMP were non-certified as the injured worker did not have any comorbidities that would warrant such testing. The request for Keflex 500mg #8 was non-certified as antimicrobial prophylaxis was not recommended for patients undergoing arthroscopic procedures.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: CBC (complete blood count):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. In general, 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. Guideline criteria have been met due to the long-term use of NSAIDS and plausible increase in associated perioperative bleeding. Therefore, this request is medically necessary.

**Associated surgical service: BMP (basic metabolic panel):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative chemistry panel. Evidence based medical guidelines indicate that most laboratory tests

are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. In general, a basic metabolic panel is recommended in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Guideline criteria have been met. This injured worker has a history of hypertension and diabetes with documented long-term use of non-steroidal anti-inflammatory medications. Therefore, this request is medically necessary.

**Keflex 500mg #8:** Overturned

**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 Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for peri-operative antibiotics. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. When procedures include implantation of foreign materials, guidelines generally support a short-term course of a cephalosporin antibiotic. The plausible use of suture anchors would support the medical necessity of this request consistent with guidelines. Therefore, this request is medically necessary.