

Case Number:	CM15-0205177		
Date Assigned:	10/22/2015	Date of Injury:	08/10/2012
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	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: 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 57 year old female with an industrial injury dated 08-10-2012. A review of the medical records indicates that the injured worker is undergoing treatment for full thickness versus significant partial thickness articular sided supraspinatus tear on right shoulder, right shoulder symptomatic acromioclavicular joint (AC) arthritis, right shoulder probable degenerative anterior-inferior labral tear, and right shoulder paralabral cyst associated with labral tear. According to the progress note dated 08-28-2015, the injured worker reported moderate aching, burning pain at the superolateral aspect of the right shoulder even at rest. The injured worker also complains of radiation of symptoms down the right hand. Documentation (07-31-2015, 08-28-2015) did not include any previous cardiac history. Objective findings (07-31-2015, 08-28-2015) for right shoulder revealed tenderness to palpitation at the acromioclavicular joint (AC) joint and greater tuberosity, positive functional test and diminished strength at the shoulder musculature with pain. Treatment has included diagnostic studies, prescribed medications, physical therapy, home exercise program, cortisone injection and periodic follow up visits. The treatment plan included recommendation for right shoulder surgery. The utilization review dated 09-23-2015, non-certified the request for Pre-op Labs: HGB, Pre-op Labs: HCT and Pre-op EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Labs: HGB: 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 lab testing; Preoperative testing, general.

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 a complete blood count (including hemoglobin) 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, the documentation provided does not indicate a history of diseases that increase the risk of anemia. The planned surgical procedure is arthroscopy of the shoulder, which does not normally result in excessive blood loss. As such, the request for a preoperative hemoglobin is not supported by guidelines and the medical necessity of the request has not been substantiated; the request is not medically necessary.

Pre-op Labs: HCT: 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 lab testing; Preoperative testing, general.

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 a complete blood count (including hematocrit) 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, the documentation provided does not indicate a history of diseases that increase the risk of anemia. The planned surgical procedure is arthroscopy of the shoulder, which does not normally result in excessive blood loss. As such, the request for a preoperative hematocrit is not supported by guidelines and the medical necessity of the request has not been substantiated; the request is not medically necessary.

Pre-op 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 (ODG), Low Back, Preoperative electrocardiogram (ECG).

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: ODG guidelines classify a shoulder arthroscopy as a low risk surgical procedure. Furthermore, according to ODG guidelines EKGs are not indicated for low risk procedures. As such, the request for a preoperative EKG is not supported and the medical necessity of the request has not been substantiated; the request is not medically necessary.