

Case Number:	CM15-0216509		
Date Assigned:	11/06/2015	Date of Injury:	09/29/2012
Decision Date:	12/28/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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 47 year old female, who sustained an industrial injury on 09-29-2012. A review of the medical records indicates that the worker is undergoing treatment for calcific tendonitis of the left shoulder, left ankle internal derangement, reactionary depression and anxiety, medication-induced gastritis and hypertension. Treatment has included Naproxen, physical therapy, acupuncture, left shoulder and foot injections. On 07-02-2015, the physician noted that the worker's left shoulder pain had persisted and was limiting the ability to perform activities of daily living including showering, bathing, dressing and feeding. MRI of the left shoulder on 02-19-2015 was noted to show evidence of left shoulder impingement, acromioclavicular arthritis and mild frozen shoulder. The worker was noted to have failed conservative treatment and arthroscopic surgery for the left shoulder was recommended. Objective findings of the left shoulder showed tenderness along the shoulder joint line, significantly reduced range of motion with decreased motor testing in the left upper extremity, and decreased grip strength. Subjective complaints (10-05-2015) included constant left shoulder and ankle pain. Objective findings (10-05-2015) included moderate subacromial tenderness of the left shoulder, positive impingement test, abduction of 140 degrees and abduction strength of 4 out of 5. The physician noted that the worker wanted to proceed with surgery and that symptoms had increased to the point that she was placed on temporary total disability. The physician noted that a request for authorization of left shoulder arthroscopy with debridement and subacromial decompression was being made. A utilization review dated modified a request for pre-op labs and testing to include CBC, CMP, UA and EKG to certification of CMP and

H&P only. Of note, a left shoulder arthroscopy and decompression was certified as per the utilization review. There was no rationale provided for the pre-operative labs requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs and testing to include: 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 (ODG), Preoperative 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: With regard to the request for CBC, ODG guidelines do not recommend routine CBCs for low risk surgery. 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 the IW is undergoing a shoulder arthroscopy. No significant blood loss is anticipated. As such, a preoperative CBC is not supported and the medical necessity for the request has not been substantiated, therefore is not medically necessary.

Pre-op labs and testing to include: UA: 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), Preoperative 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 recommend a preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The injured worker is undergoing arthroscopic surgery for the shoulder. There is no medical necessity of a preoperative urinalysis per ODG guidelines. As such, the request is not supported and the medical necessity has not been substantiated, therefore is not medically necessary.

Pre-op labs and testing to include: 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), Preoperative 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, preoperative electrocardiogram.

Decision rationale: ODG guidelines recommend preoperative electrocardiography for high-risk surgical procedures and intermediate risk procedures with at least 1 clinical risk factor including ischemic heart disease, compensated or prior heart failure or history of cerebrovascular disease, diabetes or renal insufficiency. Preoperative EKGs are not recommended for low risk procedures such as outpatient arthroscopy. As such, the request for a preoperative EKG is not supported and the medical necessity of the request has not been substantiated, therefore is not medically necessary.