

Case Number:	CM15-0045636		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2014
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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 34-year-old male, who sustained a work related injury on 1/31/14. He lifted heavy metal stakes for planting and developed right shoulder pain. The diagnoses have included bilateral shoulder strain, left shoulder subacromial impingement and rotator cuff sprain/strain. Treatments to date have included medications, work restricted activities, x-rays bilateral shoulders dated 7/28/14, MRI bilateral shoulders dated 8/1/14, physical therapy, MRI left shoulder, home exercise program, heat/ice, left shoulder subacromial space injections x 2 and right shoulder arthroscopy on 11/20/14. In the PR-2 dated 2/4/15, the injured worker complains of worsening left shoulder pain with any attempted activities and has pain at night when he rolls onto left shoulder. He is having difficulties performing activities of daily living due to left shoulder pain. He has 80% active and 90% passive range of motion in left shoulder. The treatment plan is to request authorization for left shoulder surgery, continue home exercise program and prescriptions for medications. Request for authorization of pre-operative EKG, lab work and chest x-ray noncertified by UR has been appealed to an IMR. The lab was modified to Hgb, Hct, and electrolytes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative blood work: Upheld

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 (ICIS) Preoperative evaluation.

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 testing, lab.

Decision rationale: ODG guidelines recommend specific laboratory testing for comorbidities. Preoperative urinalysis is recommended for patient's undergoing invasive urologic procedures and implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes A1C testing is recommended only if the results would change perioperative management. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The documentation submitted does not indicate any comorbidities or need for laboratory testing based upon the above guidelines. As such, laboratory testing is not recommended by ODG guidelines and the request for preoperative labs has not been substantiated and is not medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology Foundation, Institute for Clinical Systems Improvement (ICIS) Preoperative evaluation.

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: Preoperative electrocardiograms are not recommended for low risk procedures. The low risk procedures include arthroscopic shoulder surgery. The reported cardiac risk with these procedures is less than 1%. As such, ODG guidelines do not recommend preoperative electrocardiograms and the medical necessity of the request has not been substantiated and is not medically necessary.

Pre-operative chest x-ray: Upheld

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.

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 testing, general.

Decision rationale: ODG guidelines indicate the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Routine chest x-rays are not recommended. Arthroscopic surgery is a low risk outpatient procedure. The documentation provided does not indicate any comorbidities that would require a preoperative chest x-ray. As such, the request for a chest x-ray before the shoulder arthroscopy is not supported and the medical necessity of the request has not been substantiated and therefore is not medically necessary.