

<b>Case Number:</b>	CM15-0056703		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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:

The injured worker is a 52-year-old male who sustained an industrial injury on 3/19/14. Injury occurred when he was unloading heavy boxes and he felt a rip in his left shoulder. Past medical history was positive for abdominal bleeding, height, and bleeding ulcers. The 6/9/14 left shoulder MRI demonstrated partial thickness tearing of the supraspinatus tendon, and bursal sided tearing of the infraspinatus tendon. There was moderate acromioclavicular joint degenerative changes with a downsloping type III acromial configuration. The 3/6/15 initial orthopedic report cited severe left shoulder pain, particularly at night when he rolls on his shoulder. He had pain with overhead activities and activities of daily living. Conservative treatment had included corticosteroid injections, activity modification, and pain medication. The patient was 6-1" and weighed 265 pounds. Left shoulder exam demonstrated dysrhythmias/dyskinesia, very painful arc of motion, positive impingement, and loss of range of motion. There was rotator cuff weakness. The impression was left shoulder subacromial impingement syndrome with internal rotation contracture and scapular dyskinesia refractory to maximum conservative treatment. The treatment plan included a request for a left shoulder diagnostic arthroscopy, bursoscopy, posterior capsular release, subacromial decompression with probable rotator cuff repair and other corrections as indicated at the time of diagnostic arthroscopy and bursoscopy with pre-operative blood work, EKG, and chest x-ray. The 3/18/15 utilization review certified the request for surgery. The requests for pre-operative testing were non-certified as the procedures were not considered high risk and the injured worker had no documented comorbidities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Preoperative blood work:** 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 lab testing.

**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 pre-operative lab testing. 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. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia, the medical necessity of a non-specific cannot be established. Therefore, this request is not medically necessary.

### **Preoperative electrocardiogram (EKG):** Overturned

**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 electrocardiogram (ECG).

**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 state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Comorbidities are noted for elevated body mass index and hypertension. Middle-aged males have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.

### **Preoperative chest X-ray (CXR):** Overturned

**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 Official Disability Guidelines (ODG) 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 state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria have been met. Comorbidities are noted for elevated body mass index and hypertension. Middle-aged males have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.