MAXIMUS Federal Services

Case Number:	CM14-0178340		
Date Assigned:	10/31/2014	Date of Injury:	03/22/2013
Decision Date:	12/08/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/28/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 64-year-old female with a 3/22/13 date of injury, when she injured her right shoulder due to heavy lifting. The patient underwent right shoulder arthroscopic rotator cuff tear surgery on 8/13/13 and arthroscopic lysis of adhesions on 12/26/13. The patient was seen on 8/5/14 with complaints of pain in the right shoulder and problems with the range of motion of the right shoulder. Exam findings of the right shoulder revealed active forward flexion 120 degrees, active abduction 90 degrees, active internal rotation 80 degrees and active external rotation 30 degrees. The UR decision dated 10/27/14 certified the requests for the right shoulder rotator cuff repair and pre-op CBC and Pre-op EKG. The diagnosis is status post right shoulder rotator cuff tear surgery.Treatment to date: right shoulder arthroscopic rotator cuff tear surgery, work restrictions, physical therapy and medications.An adverse determination was received on 10/27/14 for a lack of documentation indicating the reason for these studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Pre-op Labs: BMP (basic metabolic panel) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for surgery, rotator cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: CA MTUS does not address specifically address this issues. ODG states that preoperative tests besides generating high and unnecessary costs are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. However, the basic metabolic panel could be necessary before the surgical procedure, there is no rationale with regards to the necessity for this test for the patient. In addition, there is a lack of documentation indicating the patient's comorbidities. In addition, the UR decision dated 10/27/14 certified the request for pre-op CBC and EKG. Therefore, the request for Pre-op Labs: BMP QTY: 1 was not medically necessary.

Associated Surgical Service: Pre-op Labs: Protime QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for Surgery, rotator cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: CA MTUS does not address specifically address this issue. ODG states that preoperative tests besides generating high and unnecessary costs are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. However, there is a lack of documentation indicating that the patient was utilizing coagulants, anticoagulants or had a bleeding disorder. In addition, the UR decision dated 10/27/14 certified the request for pre-op CBC and EKG. Lastly, there is no rationale with regards to the necessity for Prothrombin time testing for the patient. Therefore, the request for Pre-op Labs: Protime QTY: 1: was not medically necessary.

Associated Surgical Service: Pre-op Labs: thromboplastin time, partial (PTT) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for surgery, rotator cuff repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: CA MTUS does not address specifically address this issue. ODG states that preoperative tests besides generating high and unnecessary costs are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. However, there is a lack of documentation indicating that the patient was utilizing coagulants, anticoagulants or had a bleeding disorder. In addition, the UR decision dated 10/27/14 certified the request for pre-op CBC and EKG. Lastly, there is no rationale with regards to the necessity for PTT testing for the patient. Therefore, the request for Pre-op Labs: thromboplastin time, partial (PTT) QTY: 1 was not medically necessary.