MAXIMUS Federal Services

Case Number:	CM14-0095142		
Date Assigned:	07/28/2014	Date of Injury:	03/09/2012
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 57-year-old female who reported an injury on 03/09/2012 due to a slip and fall. On 07/09/2014, the injured worker presented with right shoulder pain and weakness. An MRI performed on 11/07/2013 revealed a rotator cuff repair to be intact, with the biceps tendon to be perched and likely unstable. Upon examination of the right shoulder, there was tenderness to palpation exquisitely over the long head of the biceps with full range of motion. She had bilateral giving way weakness with pain on empty can testing but appears to have 5/5 strength. There is a positive Speed's and resisted internal and external rotation as well as a belly press and lift off. The provider recommended preoperative labs to include INR, CMP and CB/EKG, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Labs to include INR, CMP and CB/EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back, Pre Op General.

Decision rationale: The request for preoperative labs to include INR, CMP and CB/EKG is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed for surgical procedures. These investigations can helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to preoperative testing for the purposes of determining fitness for anesthesia and identifying injured workers at high risk for perioperative complications through history and physical examination is selective testing based on clinical findings. The included medical documentation lacked evidence of physical exam findings and clinical history that would be indicative of a high surgery risk for the injured worker. As such, this request is not medically necessary.