

<b>Case Number:</b>	CM14-0209680		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 59-year-old male who reported an injury on 06/13/2013. The mechanism of injury occurred when he picked up a part and felt a crack in his right shoulder. His diagnoses include significant impingement and partial thickness rotator cuff tear to the right shoulder. His past treatments included injections, physical therapy, and medications. Pertinent surgical history was not provided. On 11/03/2014, the injured worker complained of slightly moderate to severe right shoulder pain that radiated up into the neck. He also rated the pain at an 8/10 to 9/10 at the worst and 3/10 at the least. The physical examination revealed the right shoulder had significant limited range of motion with tenderness over the rotator cuff insertion with minimal acromioclavicular joint tenderness. However, there is absence of pain in the acromioclavicular joint compression or glenohumeral joint instability. There was also absence of neurological abnormalities or rotator cuff weakness and wasting. The patient was recommended to undergo a right shoulder arthroscopy with subacromial decompression and rotator cuff repair/debridement. Relevant medications were not provided. The treatment plan included associated surgical service: pre-op labs (CBC, urinalysis, basic metabolic panel. A rationale was not provided. A Request for Authorization form was not submitted for review.

### 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 (CBC, Urinalysis, Basic metabolic panel): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Preoperative testing, general.

**Decision rationale:** The request for associated surgical service: pre-op labs (CBC, urinalysis, basic metabolic panel) is not medically necessary. According to the Official Disability Guidelines, general preoperative testing to include chest radiography, electrocardiography, laboratory testing, and urinalysis is often performed before surgical procedure to help identify and stratify risk, direct anesthetic choices, and guide postoperative management. In addition, the guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker's physical examination findings did not indicate a risk for the preoperative management. There was also a lack of documentation to indicate the injured worker had signs and symptoms of cardiovascular disease, pulmonary complications, or any underlying comorbidities or abnormalities that would increase the risk of the surgery. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.