

Case Number:	CM14-0210706		
Date Assigned:	12/23/2014	Date of Injury:	08/11/2011
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 58 year old male patient who sustained a work related injury on 8/11/11 Patient sustained the injury due to a fall. The current diagnoses include rotator cuff sprain and strain. There was a pending authorization for right shoulder arthroscopic rotator cuff repair with platelet-rich plasma injection. Per the doctor's note dated 3/25/14, patient has complaints of right shoulder pain. Physical examination of the right shoulder revealed limited range of motion, tenderness on palpation, decreased strength. The medication lists include Naproxen, Ibuprofen and Levothroid. The patient has had Magnetic resonance imaging (MRI) of the right shoulder on 06/19/14 that revealed a massive retracted rotator cuff tear. The patient had right shoulder resection of distal clavicle (Mumford procedure) and decompression of the right shoulder on 10/21/11 which was unsuccessful, a right shoulder arthroscopic rotator cuff repair on 12/28/12; MRI scan of right wrist, 13 June 2007 that revealed Degenerative arthritic change; Bone scan on 14 April 1989, increase in uptake, right hand. The patient's surgical history include left knee arthroscopic surgery; appendectomy, and two right rotator cuff repair. He had received a Corticosteroid injection has been performed in right Wrist. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op lab works: Upheld

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

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 (updated 01/30/15), Preoperative lab testing.

Decision rationale: ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guidelines for Preoperative lab testing, "Criteria for Preoperative lab testing: - Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing 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 result 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." There was a pending authorization for right shoulder arthroscopic rotator cuff repair with platelet-rich plasma injection. It is unclear from the medical records if this pt. will be undergoing surgery for sure or not. Any evidence of chronic disease and taking medications that predispose to electrolyte abnormalities or renal failure was not specified in the records provided. Any evidence of increased risk of anemia or significant perioperative blood loss was not specified in the records provided. A history of bleeding or medical conditions that predispose to bleeding, and history of taking anticoagulants was not specified in the records provided. The medical necessity of the request for Pre-op lab works is not fully established in this patient.