

Case Number:	CM14-0031001		
Date Assigned:	04/09/2014	Date of Injury:	10/04/2011
Decision Date:	03/13/2015	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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. 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 61-year-old female who reported an injury on 10/04/2011. The mechanism of injury was not provided. Documentation indicated the injured worker was authorized to undergo a left shoulder superior labral tear repair with anterior to posterior repair with subacromial decompression, Mumford procedure, and possible rotator cuff repair. The diagnoses included superior glenoid labrum lesion, rotator cuff sprain and strain, and osteoarthritis, unspecified whether generalized or localized, shoulder region. The medications were not provided. The injured worker underwent a right shoulder surgery on 07/10/2013. The electrocardiogram and the laboratory studies were done on 06/26/2013. Per the documentation, the Request for Authorization was dated 01/17/2014 and the electrocardiogram and labs were done on 06/26/2013. Request was made for preoperative treatment. There was no physician documentation submitted for review prior to the surgical intervention to support the necessity and rationale for the requested testing. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT URINALYSIS: 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) LOW BACK PREOPERATIVE TESTING, GENERAL, CRITERIA FOR PREOPERATIVE LAB TESTING, PREOPERATIVE URINALYSIS

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: The Official Disability Guidelines indicate that a preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. The rationale was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the requested date of service was not provided. Given the above, the request for urgent urinalysis is not medically necessary.

URGENT EKG: 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 ELECTROCARDIOGRAM (ECG)

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 electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that preoperative electrocardiogram is not recommended except for injured workers undergoing high risk surgery and those undergoing intermittent risk surgery or injured workers with signs or symptoms of active cardiovascular disease. There was a lack of documentation of rationale. The request as submitted failed to indicate the date of service being requested. Given the above, the request for urgent EKG is not medically necessary.

URGENT PRE-OP LABS: CBC (COMPLETE BLOOD COUNT): 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) LOW BACK PREOPERATIVE TESTING, GENERAL, CRITERIA FOR PREOPERATIVE LAB TESTING

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: The Official Disability Guidelines indicate that a complete blood count is appropriate for injured workers who have diseases that increase the risk of anemia or in injured

workers in whom significant perioperative blood loss is anticipated. The clinical documentation submitted for review failed to provide documented rationale. The injured worker's history was not provided. The request as submitted failed to indicate the date of service being requested. Given the above, the request for urgent preop labs: CBC (complete blood count) is not medically necessary.

PRE-OP LABS: BMP (BASIC METABOLIC PANEL): 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) LOW BACK PREOPERATIVE TESTING, GENERAL, CRITERIA FOR PREOPERATIVE LAB TESTING

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: The Official Disability Guidelines indicate electrolyte and creatinine testing should be performed on all injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The clinical documentation submitted for review failed to indicate the injured worker had an underlying chronic condition or was taking medications that predisposed them to electrolyte abnormalities or renal failure. There was no physician documentation submitted requesting the intervention. The request as submitted failed to indicate the date of the requested service. Given the above, the request for preop labs: BMP (basic metabolic panel) is not medically necessary.

PRE-OP LABS: PT (PROTHROMBIN TIME): 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) LOW BACK PREOPERATIVE TESTING, GENERAL, CRITERIA FOR PREOPERATIVE LAB TESTING

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: The Official Disability Guidelines indicate coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding or those taking anticoagulants. The clinical documentation submitted for review failed to provide a rationale. The request as submitted failed to indicate the date of service being requested. There was a lack of documentation indicating the injured worker had a history of bleeding or medical conditions that predisposed them to bleeding or that the injured worker was taking anticoagulants. Given the above, the request for preop labs: PT (prothrombin time) is not medically necessary.

PRE-OP LABS: PTT (PARTIAL THROMBOPLASTIN TIME): 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) LOW BACK PREOPERATIVE TESTING, GENERAL, CRITERIA FOR PREOPERATIVE LAB TESTING

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: The Official Disability Guidelines indicate coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding or those taking anticoagulants. The clinical documentation submitted for review failed to provide a rationale. The request as submitted failed to indicate the date of service being requested. There was a lack of documentation indicating the injured worker had a history of bleeding or medical conditions that predisposed them to bleeding or that the injured worker was taking anticoagulants. Given the above, the request for preop labs: PTT (partial thromboplastin time) is not medically necessary.