

<b>Case Number:</b>	CM15-0014346		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 44-year-old female who reported injury on 04/01/2014. The mechanism of injury was the injured worker was assisting with unloading freight and had an immediate pain and popping in the shoulder. The injured worker had physical therapy and medications. Medications were noted to include Motrin. The documentation of 10/16/2014 revealed the injured worker had a rotator cuff tear, partial tear of the biceps, type 2 acromion with subacromial bursitis, acromioclavicular joint osteoarthritis with medial outlet obstruction and limited range of motion of the left shoulder. The physical examination revealed the injured worker had limited range of motion of 90 degrees in forward flexion, total elevation and abduction associated with a severe amount of pain. The injured worker had tenderness to palpation over the AC joint, bicipital groove and insertion of the supraspinatus. The injured worker had limited internal rotation to the small of her back. External rotation was 10 degrees. The injured worker had an exquisitely positive Hawkins and Neer's test. The treatment plan included surgical intervention. The documentation indicated the injured worker would need a CBC, PT., PTT, INR and Chem 7. The documentation indicated the injured worker's prior medical history included a mastectomy. Family history was noncontributory. The injured worker had no new onset of GI, GU, cardiorespiratory or neurologic symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative CBC, prothrombin time, partial thromboplastin time international normalized ratio, chem 7:** 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 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) Knee & Leg Chapter, Preoperative lab testing

**Decision rationale:** The Official Disability Guidelines indicate that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Additionally, a complete blood count is appropriate for injured workers with diseases that increase the risk of anemia or injured workers in whom significant perioperative blood loss is anticipated, coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants, and that electrolyte and creatinine testing should be performed on injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Additionally, there was a lack of documentation indicating the injured worker met the above criteria and had an increased risk of anemia or had a history of bleeding or medical condition predisposing her to bleeding and that she had underlying disease or was taking medications that predisposed her to electrolyte abnormalities or renal failure. Given the above, the request for Pre-operative CBC, prothrombin time, partial thromboplastin time, international normalized ratio, chem 7 is not medically necessary.