

Case Number:	CM15-0110019		
Date Assigned:	06/16/2015	Date of Injury:	10/06/2014
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

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 48-year-old female who sustained an industrial injury on 10/06/14. Injury occurred while she was working on an assembly line putting food on plates. Past surgical history was positive for bilateral carpal tunnel release surgeries in 2012. Past medical history was positive for hypertension, diabetes, and acid reflux. The 3/5/15 right shoulder MRI impression documented moderate to severe degenerative changes of the acromioclavicular (AC) joint with inferior osteophytic spurring from the distal clavicle which may predispose to impingement syndrome. There was tendinosis of the supraspinatus, infraspinatus and subscapularis tendons, with 6 mm interstitial supraspinatus tear near the insertion into the humeral tuberosity. The 5/5/15 treating physician report cited constant right shoulder pain with weakness, moderate swelling, limited range of motion, and numbness and tingling in the right shoulder to the right hand. Current medications include hydrochlorothiazide, Lotensin, metformin HCL, Prilosec, and ibuprofen. X-rays showed a type 2 acromion and marked irregularity of the AC joint. Physical examination documented functional range of motion with no crepitus, tenderness over the coracoacromial arch, positive impingement signs, rotator cuff weakness, positive Jobe's test, and symmetrical grip strength. The diagnosis was partial thickness rotator cuff tear of the right shoulder with acromioclavicular joint arthritis. She had failed conservative treatment including non-steroidal anti-inflammatory drugs, Tylenol, cortisone injection, physical therapy, and activity modification. Authorization was requested for a right shoulder scope, endoscopic subacromial decompression and debridement or repair of the rotator cuff, pre-op medical clearance by her PCP, 12 sessions of physical therapy, and Norco. Additional surgical requests

included a pre-operative EKG, CBC (complete blood count), and PT/PTT (prothrombin time/partial thromboplastin). The 5/20/15 utilization review certified the request for right shoulder arthroscopic subacromial decompression and rotator cuff repair. The request for pre-op clearance was partially certified to include pre-op history and physician and metabolic panel. The request for pre-operative EKG was non-certified as not supported for low risk endoscopic procedures. The request for a complete blood count was non-certified as there was no indication that the injured worker had a disease with increased risk of anemia and significant perioperative blood loss was not anticipated. The request for PT/PTT was non-certified as there was no indication that the injured worker had a history of bleeding or medical conditions that predisposed her to bleeding or that she was taking anticoagulants to support coagulation studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative EKG (Electrocardiogram): Overturned

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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged females with hypertension and diabetes have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.

Preoperative CBC (Complete Blood Count): Overturned

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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. 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. Guideline criteria have been met based on patient age and the plausible long-term use of non-steroidal anti-inflammatory drugs. Therefore, this request is medically necessary.

Preoperative PT (Prothrombin Time) and PTT (Partial Thromboplastin Time): Overturned

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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met based on patient age and the plausible long-term use of non-steroidal anti-inflammatory drugs. Therefore, this request is medically necessary.