

<b>Case Number:</b>	CM15-0119460		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Arizona, 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 10-16-2012. Diagnoses include rights shoulder status post remote rotator cuff repair, acromioplasty with partial distal claviclectomy and right shoulder recurrent tear involving anterior half of supraspinatus and subscapularis tendon with early rotator cuff arthropathy. Treatment to date has included surgical intervention (4-07-2014) as well as conservative care including diagnostics, activity modification and medications. Per the Primary Treating Physician's Follow-up Consultation dated 5-19-2015, the injured worker reported increased pain in her right shoulder with diminished range of motion. Physical examination of the right shoulder revealed abduction to 45 degrees, forward flexion to 45 degrees, and external rotation of 30 degrees, with positive impingement. The plan of care included surgical intervention and authorization was requested for preoperative electrocardiogram (EKG) and laboratory tests (CBC with differential, urinalysis chemistry panel (CMP), PT and PTT) and history and physical, as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative EKG and Laboratory Tests (CBC with differential, UA, Chem Panel (CMP) PT and PTT, history and Physical): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Pain chapter and pg 76 and Other Medical Treatment Guidelines Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations: Molly A. Feely, MD; C. Scott Collins, Preoperative Testing Before Noncardiac Surgery: Guidelines And Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, Md; Aminah Jatoi, MD; And Karen F. Mauck, MD, Msc, Mayo Clinic, Rochester, Minnesota MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; And Karen F. Mauck, MD, Msc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG guidelines, Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In this case, the claimant is having right shoulder surgery. There is no mention of cardiac, renal or other risk factors. The surgery is low risk for cardiac events or bleeding. The request for all the pre-op tests noted above are not medically necessary.