

<b>Case Number:</b>	CM15-0125608		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, Oregon, Washington  
 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 44 year old male who sustained an industrial injury on 12/22/14. Initial complaints and diagnoses are not available. Treatments to date include medications, shoulder injections, physical therapy, and chiropractic care. Diagnostic studies include x-rays and a MRI of the right shoulder. Current complaints include right shoulder pain. Current diagnoses include symptomatic acromioclavicular arthritis right shoulder, questionable partial thickness supraspinatus tear and superior labrum anterior posterior lesion right shoulder. In a progress note dated 05/11/15, the treating provider reports the plan of care as right shoulder surgery with associated services. The requested treatments include a preoperative evaluation with blood work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preop evaluation, hematocrit & hemoglobin:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 44 years old and meets criteria for a preoperative CBC. Therefore, determination is for certification.