

Case Number:	CM15-0127135		
Date Assigned:	07/20/2015	Date of Injury:	01/09/2014
Decision Date:	08/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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:

This injured worker is a 48-year-old male who sustained an industrial injury on 1/9/14, relative to heavy lifting. Past medical history was positive for hypertension, elevated cholesterol, obstructive sleep apnea, and obesity (BMI>44). There was no substance abuse history or past surgical history. The 4/18/14 left shoulder MRI documented mild to moderate acromioclavicular joint arthropathy, and supraspinatus and infraspinatus tendinopathy and peritendinitis without evidence of tear. Conservative treatment included ice, heat, physical therapy, home exercise program, steroid injections, anti-inflammatory drugs, and work restrictions. The 5/14/15 treating physician report cited worsening symptoms with difficulty sleeping and with repetitive overhead activities. Physical exam documented flexion and abduction 0-165 degrees with pain at end range, and strongly positive impingement signs. The injured worker had exhausted conservative treatment including rest, ice, anti-inflammatories, analgesics, home exercise, physical therapy, and corticosteroid injection. Authorization was requested for left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of the coracoacromial ligament and bursa, and possible distal clavicle resection with 12 visits of post-op physical therapy, post-op sling, medical clearance, EKG, chest x-ray, and lab testing including CBC (complete blood count), CMP (comprehensive metabolic panel), hepatic panel, HIV panel, and U/A (urinalysis). The 6/3/15 utilization review certified the request for left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of the coracoacromial ligament and bursa, and possible distal clavicle resection with 12 visits of post-op physical therapy and a sling. The associated requests for medical clearance, EKG and chest x-ray were also approved. The request for lab testing including CBC, CMP, hepatic panel, HIV panel and U/A was modified to CMP, PT/PTT, and U/A as there was no medical problems that would warrant the other tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 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. In general, a complete blood count is support in patients at risk of anemia. Guideline criteria have been met based on patient age, comorbidities, long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: Hep 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-anesthesia 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. The 6/3/15 utilization review certified a request for comprehensive metabolic panel, which includes assessment of liver function. There is no compelling rationale submitted to support the medical necessity of an additional hepatic panel for pre-operative screening. Therefore, this request is not medically necessary.

Associated surgical service: HIV panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Pre-anesthesia 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. There is no compelling rationale or documented risk factors in the submitted medical records to support the medical necessity of HIV testing as a pre-operative screen. Therefore, this request is not medically necessary.