

Case Number:	CM15-0064692		
Date Assigned:	04/10/2015	Date of Injury:	05/10/2010
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 05/10/2010. He reported injury to his right shoulder. Treatment to date has included physical therapy, electrodiagnostic studies, MRI of the right shoulder, right shoulder surgeries and medications. Diagnoses included status post right shoulder arthroscopic surgery with rotator cuff repair subacromial decompression x 2 with residuals, right elbow medial and lateral epicondylitis, tendinitis, carpal tunnel syndrome, right wrist and hand, positive nerve conduction velocity studies, cervical disc herniation with radiculitis/radiculopathy, symptoms of insomnia and overload pain left shoulder. On 11/20/2014, the provider requested authorization for an ultrasound-guided steroid injection to the right shoulder and cervical epidural steroid based injections, lab reports from another provider and an MRI arthrogram of the right shoulder to rule out rotator cuff tear. Currently, the injured worker complains of neck pain, shoulder pain radiating down to the right upper extremity and right elbow, right wrist and right hand pain with numbness and tingling into the fingertips of the right hand. Currently under review is the request for laboratory testing: chemistry 7 test, complete blood count and partial thromboplastin time and prothrombin time/international normalized ratio test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chem 7 test: 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
http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682.

Decision rationale: Regarding the laboratory testing, it appears that this test is being request as part of a preoperative evaluation. Within the medical documentation available for review, there is no indication of a pending authorized surgical procedure. As there is no pending authorized surgical procedure, the requested laboratory testing is not medically necessary.

1 complete blood count and partial thromboplastin time test: 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
http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682.

Decision rationale: Regarding the laboratory testing, it appears that this test is being request as part of a preoperative evaluation. Within the medical documentation available for review, there is no indication of a pending authorized surgical procedure. As there is no pending authorized surgical procedure, the requested laboratory testing is not medically necessary.

1 Promthrombin time/International normalized ratio test: 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
http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682.

Decision rationale: Regarding the laboratory testing, it appears that this test is being request as part of a preoperative evaluation. Within the medical documentation available for review, there is no indication of a pending authorized surgical procedure. As there is no pending authorized surgical procedure, the requested laboratory testing is not medically necessary.