

<b>Case Number:</b>	CM15-0065074		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female, who sustained an industrial injury on April 19, 2013. She reported falling off the stairs, with immediate left hand pain and swelling. The injured worker was diagnosed as having left shoulder rotator cuff tear, left shoulder impingement syndrome, left shoulder biceps tendonitis, and left shoulder acromioclavicular joint arthritis. Treatment to date has included x-rays, bracing, physical therapy, MRIs, electromyography (EMG)/nerve conduction study (NCS), left shoulder injection, physical therapy, and medication. Currently, the injured worker complains of constant left shoulder pain, and constant throbbing left hand pain that radiates to the forearm and elbow. The Treating Physician's report dated March 5, 2015, noted the left shoulder examination revealed tenderness to palpation over the greater tuberosity in the area of the supraspinatus tendon, along the long head of the biceps tendon, the acromioclavicular joint, the anterior joint capsule, and the upper trapezius area, levator and rhomboid muscle group with spasm. The treatment recommendations included a left shoulder diagnostic arthroscopy with subacromial decompression, repair of the rotator cuff, and excision of the distal clavicle, with pre-operative CBC, CMP, and EKG, post-operative pain medication, a shoulder brace, a cold compression unit, and post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative CBC/CMP/EKG, for the left shoulder, as outpatient: Upheld**

**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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)Preoperative testing, general.

**Decision rationale:** The injured worker sustained a work related injury on April 19, 2013. The medical records provided indicate the diagnosis of left shoulder rotator cuff tear, left shoulder impingement syndrome, left shoulder biceps tendonitis, and left shoulder acromioclavicular joint arthritis. Treatment to date has included bracing, physical therapy, injection, and medication. The medical records provided for review do not indicate a medical necessity for Pre-Operative CBC/CMP/EKG, for the left shoulder, as outpatient. The MTUS is silent on preoperative tests. The official Disability Guidelines states that preoperative testing are often obtained because of protocol rather than medical necessity; therefore, this guidelines recommends that the decision to order preoperative tests be guided by the patient's clinical history, comorbidities, and physical examination findings. The guideline recommends patients with signs or symptoms of active cardiovascular disease be evaluated with appropriate testing, regardless of their preoperative status. The medical records reviewed did not provide any information about the injured patients comorbid history, neither does the physical examination indicate the injured worker has a high risk for cardiovascular event, or is prone to anemia or metabolic problems.