

Case Number:	CM15-0070182		
Date Assigned:	04/20/2015	Date of Injury:	10/16/2005
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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, Texas
 Certification(s)/Specialty: Internal 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 50 year old female with an industrial injury dated 10/16/2005. Her diagnoses included left shoulder sprain status post arthroscopy, cervical sprain with left upper extremity radiculopathy and abdominal strain with multiple hernias. Prior treatments include medications. She presents on 02/18/2015 with complaints of upper back, neck and left shoulder pain. The provider documents the injured worker gets good analgesia with medications and there is no evidence of abuse or diversion. She had tried to reduce her daily dose and developed nausea and vomiting. Physical exam notes the injured worker is alert and lucid. Left upper back and neck was tender. Forward flexion and left cervical rotation increases her pain. Trigger point injection was administered in left shoulder during the visit. She reports good reduction in pain with the injection. The provider documents the injured worker has a signed pain contract. The provider notes utilization review has denied opiates and Flexeril. The injured worker was seen as an emergency drop in due to her withdrawal. Treatment plan included lab work and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thyroid function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Preoperative tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com.

Decision rationale: The MTUS is silent regarding pre-operative laboratory testing. Routine preoperative laboratory tests have not been shown to improve patient outcomes among healthy patients undergoing surgery. In addition, routine testing in healthy patient has poor predictive value, leading to false-positive test results and/or increased medico-legal risk for not following up on abnormal test results. We suggest baseline hemoglobin measurement for all patients 65 years of age or older who are undergoing major surgery and for younger patients undergoing surgery that is expected to result in significant blood loss). For other healthy patients, we suggest not performing routine hemoglobin, white blood count, or platelet measurements. In the revised cardiac risk index, a serum creatinine >2.0 mg/dL (177 micromol/L) predicted postoperative cardiac complications. We suggest NOT obtaining a serum creatinine concentration, except in the following patients (Grade 2B) (see 'Renal function' above): Patients over the age of 50 undergoing intermediate or high risk surgery. Younger patients suspected of having renal disease, when hypotension is likely during surgery, or when nephrotoxic medications will be used. We suggest not testing for serum electrolytes, blood glucose, liver function, hemostasis, or urinalysis in the healthy preoperative patients. We suggest pregnancy testing in all reproductive age women prior to surgery, rather than use of history-taking alone to determine pregnancy. In this case the patient is having pre-operative lab work ordered. According to Uptodate.com thyroid function is not considered a laboratory study recommended to be done pre-operatively. Therefore the request is not medically necessary.