

<b>Case Number:</b>	CM13-0035706		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient reported a date of injury of 4/1/13, secondary to repetitive bending and squatting. Patient holds the diagnoses of; chronic neck pain with disc protrusion at C6-C7, right shoulder rotator cuff tear, left shoulder partial rotator cuff tear, low back pain with L4-S1 disc protrusion, right and left knee meniscus tear, upper abdominal pain, hernia repair, history of toxic exposure with breathing difficulty, depression, and anxiety. Treatment to date has included chiropractic care, physical therapy, work modification, right shoulder injection, and medication. Medical records from his comprehensive exams show the patient complains of bilateral shoulder pain, neck pain, low back pain, hearing loss, mouth dryness, upper and umbilical abdominal pain, constipation from medicines, and depression/anxiety/insomnia, and unspecified breathing difficulties. Patient was scheduled for rotator cuff repair that was cancelled by patient. Physical exam demonstrated blood pressure of 130/81, cervical muscle guarding, right shoulder atrophy, umbilical surgery scar, low back pain, bilateral knee tenderness. There was no documented pathology of endocrine, respiratory, or cardiac systems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for CBC, Metabolic HBA1c, TSH, T3, T4, Urinalysis, H Pylori:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease and America Society Of Clinical Pathology, Laboratory Medicine Quality Indicators

**Decision rationale:** This decision deals with multiple laboratory studies. Most of which are not addressed by CA MTUS and ODG. While laboratory testing and services are important in the identification of disease and monitoring of medications, testing needs to be pursued for defined symptoms or as preventative health measures. The medical records do not demonstrate clinical correlation for the requested tests, especially in the context of an industrial injury. Specifically, there are no documented thyroid symptoms, no history of anemia, no diabetes, and documentation that suggest gastritis over pain from previous hernia surgery. Since the patient is presenting with industrial injuries, this also would not represent routine preventative health screening. It remains unclear why the patient requires this extensive laboratory and diagnostic testing. The medical necessity of these tests is not established.

**PFT/DLCO-Diffusion lung capacity carbon monoxide test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Function Testing

**Decision rationale:** ODG recommends PFT as indicated. This patient had a long history of chemical exposure which could contribute to lung disease. Since this patient had ongoing complaints of respiratory problems pulmonary function testing could help delineate the causative problem. ODG states that in lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. For these reasons this test is medically necessary.

**UGIS-upper gastrointestinal study:** 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), Infectious diseases).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guideline GOV, ASGE guideline

**Decision rationale:** Guidelines indicate the role of endoscopy in the surveillance of premalignant conditions of the upper GI tract. Medical records do not show any history or warning signs or premalignant lesions. The medical necessity of this test is not established.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines.gov EKG

**Decision rationale:** Guidelines indicate EKG for chest pain of recent onset and assessment and diagnosis of recent onset discomfort of suspected cardiac origin, assessment of syncope, or evaluation of congestive heart failure. The medical record does not indicate a history of cardiac disease, no symptoms of chest pain, and a normal physical exam. The medical necessity for an EKG is not established.

**treadmill:** 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 Guidelines.GOV,Treadmill Testing

**Decision rationale:** Guidelines indicate the use of treadmill stress testing for evaluation for chest pain suggestive of ischemia and evaluation of acute coronary syndromes. The medical documentation does not identify any cardiac symptoms. The reason for requesting this test is unclear. The test is not medically necessary.

**echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines. Clinical Application Of Echocardiography

**Decision rationale:** Guidelines suggest the use of echocardiogram for symptoms suggestive of cardiac etiology. Again, the medical record does not identify clear risks or symptoms for requiring this test. The echocardiogram is not medically necessary.

**polysomnogram:** 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) Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Pain, Polysomnogram

**Decision rationale:** ODG suggests polysomnogram for insomnia (greater than 4 nights a week), unresponsive to behavior intervention and sedative promoting medication, and after psychiatric etiology has been excluded. Records do not indicate severity of insomnia, or response to prescribed medication, or if behavioral interventions have been tried. The medical necessity of a polysomnogram at this time has not been established.