

Case Number:	CM13-0036970		
Date Assigned:	03/19/2014	Date of Injury:	01/26/2006
Decision Date:	04/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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:

The case concerns a 65 yo male who sustained an industrial injury on 01/26/2006 when a machine crushed his right hand. His diagnoses include hypertension, cervical sprain/strain, degenerative disc disease, shoulder tendonitis and impingement syndrome, and lumbar sprain/strain. He has undergone right shoulder arthroscopy, right knee surgeries and right hand surgeries. Treatment has included medical therapy for his hypertension and hypercholesterolemia, physical therapy, splinting and cortisone injections. His blood pressure is reported as being under good control. The treating provider has requested multiple laboratory studies : CBC with differential, metabolic panel, lipid profile, uric acid, GGTP, apolipoprotein, thyroid studies, hepatic profile, vitamin D, serum iron, and HBA1c.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE COMPLETE BLOOD COUNT WITH DIFFERENTIAL AND BASIC METABOLIC PANEL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINE. Page(s): 70.

Decision rationale: The review of the medical documentnaiton indicates the cliamant has a history of hypertension . He is maintained on medical therapy with Ramipril. There is also a history of mild anemia. It is medically necessary to evaluate renal function in a patient with hypertension. in addition, following of the anemia is medically reasonable. Medical necessity for the requested studies has been established. The requested studies are medically necessary.

ONE URIC ACID BLOOD TEST, GLUTAMYLTRANSFERASE TEST, APOLIPOPROTEIN TEST, AND A LIPID TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: MEDSCAPE INTERNAL MEDICINE 2013: LAB STUDIES.

Decision rationale: The claimant is maintained on statin therapy with Simvastatin. It is medically necessary to obtain a fasting lipid profile to monitor results. There are no specific indications for obtaing a uric acid, GGTP and apolipoprotein test. Medical necessity for these studies has not been established. the requested studies are not medically necessary.

ONE THYROID PANEL TEST AND LIVER FUNCTION TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: MEDSCAPE INTERNAL MEDICINE 2013:LAB STUDIES.

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. There is no indication for liver function testing if the claimant's liver function has been previously stable on statin therapy. Medical necessity for this item has not been established. The requested item is not medically necessary.

ONE SERUM IRON TEST, VITAMIN D TEST AND HEMOGLOBIN A1C TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: MEDSCAPE INTERNAL MEDICINE 2013:LAB STUDIES.

Decision rationale: There is no documentation for the requested specific laboratory studies. There has been no evaluation of the claimant's anemia, there is no specific Final Determination Letter for IMR Case Number CM13-0036970 4 indication for vitamin D testing and there is no history of diabetes. Medical necessity for the requested items has not been established. The requested items are not medically necessary.