

Case Number:	CM13-0046417		
Date Assigned:	04/09/2014	Date of Injury:	08/02/1999
Decision Date:	08/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 California. 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 patient is a 67-year-old female who was injured on 08/02/1999 when a customer hit her left foot with a shopping cart. She carries a diagnosis of right shoulder acromioclavicular (AC) arthritis, right knee chondromalacia, possible fatty liver and stress incontinence. She is status post (s/p) gastric bypass surgery, right knee chondroplasty and medial meniscectomy, tonsillectomy, cholecystectomy and hysterectomy. Prior medication history included Cymbalta, Norco, Soma, Tylenol #3, Neurontin, alprazolam, Wellbutrin XL, and Butrans. Progress report dated 08/13/2013 documented the patient has improved with Butrans 20 mcg/hr and rated her pain as 6-7/10. She reported she is able to complete activities of daily living. It mentions that there is a concern about her pale skin color. There are no other reports indicating any red flags to warrant this request other than what is mentioned above. Prior utilization review dated 10/28/2013 states the request for bilirubin testing is denied, as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILIRUBIN TESTING: 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
<http://labtestsonline.org/understanding/analytes/bilirubin/tab/test/>.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not discuss the issue in dispute. As per the reference, Bilirubin is a molecule in the blood that results from the metabolism of red blood cells. Levels can be elevated in the setting of hemolysis (red blood cell destruction) and liver disease. While the patient is noted to be pale according to the records, there is no documentation that her red blood cell count and/or hemoglobin was checked with a complete blood count. This would be the first step in determining if the patient is anemic. If confirmed, anemia can be worked up further depending on mean corpuscular volume (MCV) and reticulocyte count. The patient is not documented as being anemic or as having liver disease. Thus, there is no clear reason why bilirubin is being ordered. For the aforementioned reasons, obtaining a bilirubin blood test is not deemed medically necessary.