

<b>Case Number:</b>	CM13-0057535		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 61 year old male who sustained a work related injury on 07/21/2007. Prior treatment history has included benazepril. Blood work performed on 05/07/2013 revealed high triglycerides at 504 and high calcium at 24. He had an ECG performed on 10/23/2012 which revealed mild concentric left ventricular hypertrophy; left atrium is mildly enlarged, right atrium, right ventricle and aorta were normal; left ventricular chamber dimensions were normal with normal systolic function and wall motion pattern. There was also trace mitral regurgitation and trace tricuspid valve was normal. Progress report dated 11/15/2013 states the patient was seen for a follow-up. He reported a normal blood pressure reading and presented with no complaints. On exam, there were no significant findings documented. He is diagnosed with essential benign hypertension, and hypertensive heart disease. He was recommended to obtain blood work including a urinalysis, echocardiogram, an Echo with Doppler studies. Prior utilization review dated 11/12/2013 states the request for Lab works (blood work, UA, echocardiogram, echo with Doppler studies) is denied as there is no indication for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab works (blood work, UA, echocardiogram, echo with doppler studies):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual for Health Care Professionals, Care of the Surgical Patient -- Preoperative Evaluation, May 2009

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.wrha.mb.ca/professionals/familyphysicians/files/GRIDFINALDec.10.pdf>

**Decision rationale:** The guidelines recommend occasional blood work in the treatment of hypertension and hypertriglyceridemia, generally on a 3-6 month interval. The request does not specify which laboratory tests are being ordered and for what indication. There are over 500 blood tests so the request must be more specific to include which specific tests are being ordered. Urinalysis is generally ordered to evaluate for urinary tract infection, hematuria, or other disorders of the kidneys and bladder. The clinical documents were mostly handwritten and illegible, the documents contained minimal clinical information. The documents did not discuss the indication for urinalysis. Echocardiogram and echo with doppler studies are generally ordered to evaluate for heart disease. They are not routine screening tests. They are ordered when patient has subjective/objective findings suggestive of cardiac disease. The documents did not discuss the indication for echocardiogram and echo with doppler. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.