

Case Number:	CM13-0061578		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2001
Decision Date:	03/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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:

The patient is a 64-year-old male with a date of injury on 08/24/2001. The heart and internal organs are the accepted body parts of injury. On 09/15/2008, the blood urea nitrogen (BUN) and creatinine were normal. On 12/30/2008, he had an esophagogastroduodenoscopy (EGD), with esophageal ablation. He has gastroesophageal reflux disease (GERD). His medications include Nexium. On 05/05/2009, the hemoglobin (Hb) was 14.2, platelets were 252,000, white blood cell (WBC) was 3,700, and thyroid studies were normal. On 11/17/2009, the complete blood count (CBC) was again normal, with the exception of the neutropenia; the WBC was 3,200. On 05/11/2010, the WBC was 3,400. On 02/15/2011, the WBC was 3,600. On 04/03/2012, the WBC was 4,300, which was at the lower limit of normal for that lab. On 11/06/2012, the WBC was 3,700. On 05/07/2013, the WBC was 5,700 (lower limit of normal was 4,200 for that lab). The request for a CBC on 11/25/2013 was denied; this is the appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Complete blood count (CBC) QTY: 1.00: Overturned

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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: An accepted injury for this patient is internal organs and the bone marrow is an internal organ. This patient has a history of neutropenia. The remainder of the CBC is normal. The requested CBC is not about anemia/GERD but about following the patient with neutropenia. Having a CBC twice a year in a patient with neutropenia is a standard of care. His usual white blood count (WBC) is about 3,500, but may increase if he has an infection. The two normal WBCs may have been related to an intercurrent infection. In any case, if there is a significant decrease in the WBC, a referral to a hematologist and bone marrow aspirate would be indicated. A CBC every six (6) months is indicated to follow this patient.

Lab: Lipid Panel; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: On 05/07/2013, the patient had a lipid panel. The total cholesterol is 151, and the Triglycerides were 220. On 04/03/2012 and on 11/06/2012, the lipid panel was normal. He takes Atorvastin and there has been no change in his medication. A lipid panel every six (6) months is not a standard of care in a stable patient on routine medications. It is already clear that if he follows his diet and takes his medication, the lipid panel will be normal. Repeat lipid panels every six (6) months is not indicated.

Lab: Total T3; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had numerous measurements of thyroid function that have been normal. There is no documentation of thyroid disease. His most recent measurement of thyroid function was on 05/07/2013, and he had a normal Free T3, Free T4, TSH, thyroid index and free T4. Repeating the Free T3 in 11/2013 is not indicated.

Lab: T4 (Thyroxine Total); QTY: 1.00: 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 Harrison's Principles of Internal Medicine 18th Edition, 2011.

Decision rationale: The patient had numerous measurements of thyroid function that have been normal. There is no documentation of thyroid disease. His most recent measurement of thyroid function was on 05/07/2013, and he had a normal Free T3, Free T4, TSH, thyroid index and free T4. Repeating the T4 in 11/2013 is not indicated.

. Lab: T3 Uptake (Triiodothyronine): 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had numerous measurements of thyroid function that have been normal. There is no documentation of thyroid disease. His most recent measurement of thyroid function was on 05/07/2013, and he had a normal Free T3, Free T4, TSH, thyroid index, thyroid uptake and free T4. Repeating the Thyroid in 11/2013 is not indicated.

Lab: T3 Free; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had numerous measurements of thyroid function that have been normal. There is no documentation of thyroid disease. His most recent measurement of thyroid function was on 05/07/2013, and he had a normal Free T3, Free T4, TSH, thyroid index, thyroid uptake and free T4. Repeating the Free T3 in 11/2013 is not indicated.

Lab: Free Thyroxine; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had numerous measurements of thyroid function that have been normal. There is no documentation of thyroid disease. His most recent measurement of thyroid function was on 05/07/2013, and he had a normal Free T3, Free T4, TSH, thyroid index, thyroid uptake and free T4. Repeating the Free T4 in 11/2013 is not indicated

Thyroid Stimulating Hormone (TSH): 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had numerous measurements of thyroid function that have been normal. There is no documentation of thyroid disease. His most recent measurement of thyroid function was on 05/07/2013, and he had a normal Free T3, Free T4, TSH, thyroid index, thyroid uptake and free T4. Repeating the TSH in 11/2013 is not indicated.

Basic Metabolic Panel; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient has numerous basic metabolic panels (BMPs), and routine monitoring every six (6) months is not indicated in a stable patient. On 05/07/2013 the BMP was normal, with the exception that the glucose was 118. Again, routine monitoring of the BMP every six (6) months in a stable patient is not the standard of care.

Hepatic Function Panel; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had numerous liver function tests. The most recent hepatic panel was on 05/07/2013, and was normal. Routine testing of the hepatic panel every six (6) months in a stable patient is not the standard of care.

Lab: Uric Acid; QTY: 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 Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: The patient had numerous measurements of uric acid. The most recent measurement was on 05/07/2013, and was normal. Routine testing of the uric every six (6) months in a stable patient with no history of gout or gouty symptoms is not the standard of care.

Lab: Gamma-glutamyl transpeptidase (GGTP); QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: The patient had numerous measurements of GGTP. The most recent measurement was on 05/07/2013, and was normal. Routine testing of the GGTP every six (6) months in a stable patient is not the standard of care.

Lab: Vitamin D 25 Hydroxy; QTY: 1.00: 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 Harrison's Principles of Internal Medicine.

Decision rationale: The patient had numerous measurements of Vitamin D. The most recent measurement was on 05/07/2013, and was normal. Routine testing of the Vitamin D every six (6) months in a stable patient is not the standard of care.

Lab: Apolipoprotein; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: Routine testing of apolipoprotein is not the standard of care. There is no documentation that the measurement of apolipoprotein improves the long-term outcome compared to the measurement of the routine lipid panel, without the measurement of apolipoprotein.

Urinalysis: Micro Albumin Assay; QTY: 1.00: 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 Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: The patient had numerous measurements of microalbumin assay. The most recent measurement was on 05/07/2013, and was normal. Routine testing of the microalbumin assay every six (6) months in a stable patient is not the standard of care