

Case Number:	CM13-0067729		
Date Assigned:	01/03/2014	Date of Injury:	10/30/2003
Decision Date:	05/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine and is licensed to practice in Utah. 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 male, 75 years-old. The patient has been diagnosed with lumbar pain, leg pain, hypertension, purpura of the forearms, anemia, constipation and reflux, urinary tract infections and dehydration, coronary artery disease, knee surgery, myocardial infarction with stents. The patient's treatments have included medications, imaging studies, and labs. The physical exam findings show lungs clear, heart is regular rate and rhythm, abdomen is soft, vitals are in normal ranges, extremities exam show purpura bilaterally on the forearms. The request is for Fasting labs, TSH, Amylase, Lipase, CMP, H-Pylori AB, CBC, T3, t4, Lipid, Urine Microalbumin.

IMR ISSUES, DECISIONS AND RATIONALES

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

FASTING LABS: TSH, AMYLASE, LIPASE, CMP, H-PYLORI AB, CBC, T3, T4, LIPID, URINE MICROALBUMIN: 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 Uptodate.Com Overview of Hypertension in Adults, Approach to Refractory Gastroesophageal Reflux Disease in Adults Management of Left Main Coronary Artery Disease

Decision rationale: Current treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for the above labs. MTUS guidelines do not specifically discuss labs, other uptodate.com resources were used. The above labs are considered basic and standards of care, based on previous diagnosis. According to the clinical documentation provided and current guidelines; the above labs are indicated as a medical necessity to the patient at this time.