

Case Number:	CM13-0069915		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2011
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 male who was injured on August 22, 2001. The patient continued to be treated for hypertension. Physical examination was unremarkable. Diagnoses included actinic keratosis, hypertension, and cardiac dysrhythmia. Treatment included Ramipril. Requests for authorization for Triiodothyronine T3, total thyroxine, thyroid hormone, free Triiodothyronine, free thyroxine, vitamin D25-hydroxy, transthoracic echocardiogram with real time imaging, Doppler echocardiography, Doppler echocardiography color flow velocity mapping, and supplies and materials were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Triiodothyronine t3: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Laboratory assessment of thyroid function.

Decision rationale: MTUS does not address this topic. The laboratory test Triiodothyronine (T3) is one of the laboratory tests used to assess thyroid function. In this case the patient does

not have a diagnosis of thyroid disease. There is no documentation of sign or symptoms in the medical record that would indicate that the patient had thyroid disease. Medical necessity is not established.

Lab: Total thyroxine: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Laboratory assessment of thyroid function.

Decision rationale: MTUS does not address this topic. The laboratory test total thyroxine is one of the laboratory tests used to assess thyroid function. In this case the patient does not have a diagnosis of thyroid disease. There is no documentation of sign or symptoms in the medical record that would indicate that the patient had thyroid disease. Medical necessity is not established.

Lab: Thyroid hormone (t3 or t4): 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Laboratory assessment of thyroid function.

Decision rationale: MTUS does not address this topic. The laboratory test, thyroid hormone is one of the laboratory tests used to assess thyroid function. In this case the patient does not have a diagnosis of thyroid disease. There is no documentation of sign or symptoms in the medical record that would indicate that the patient had thyroid disease. Medical necessity is not established.

Triiodothyronine t3; free: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Laboratory assessment of thyroid function.

Decision rationale: MTUS does not address this topic. The laboratory test free Triiodothyronine (T3) is one of the laboratory tests used to assess thyroid function. In this case the patient does not have a diagnosis of thyroid disease. There is no documentation of sign or

symptoms in the medical record that would indicate that the patient had thyroid disease. Medical necessity is not established.

Lab: Thyroxine; free: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Laboratory assessment of thyroid function.

Decision rationale: MTUS does not address this topic. The laboratory test free thyroxine is one of the laboratory tests used to assess thyroid function. In this case the patient does not have a diagnosis of thyroid disease. There is no documentation of sign or symptoms in the medical record that would indicate that the patient had thyroid disease. Medical necessity is not established.

Lab: Vitamin D; 25 hydroxy: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date, Vitamin D deficiency in Adults.

Decision rationale: MTUS does not address this topic. Groups at high risk for Vitamin D deficiency are people who are dark-skinned, obese, taking medications that accelerate the metabolism of Vitamin D, hospitalized on a general medicine service, institutionalized, or have osteoporosis, limited effective sun exposure, or malabsorption. Screening for Vitamin D is not necessary in the general population. High risk groups are appropriate populations for Vitamin D screening. In this case there is no documentation that the patient was at risk Vitamin D deficiency. Medical necessity is not established.

Echocardiography, transthoracic, real-time with image documentation (2d): 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Three-dimensional echocardiography.

Decision rationale: MTUS does not address this topic. Real time 3D echocardiography uses technology that eliminates motions artifacts. It is used clinically to get direct evaluation for

cardiac chamber volumes, to get new 'surgical' views of cardiac valves, and intracardiac masses, to assess regional left ventricular wall motion for objective detection of ischemic heart disease at rest, to directly evaluate the size and morphology of the vena cava, and for guidance of interventional procedures in structural heart disease. In this case there is no documentation that the patient was experiencing any signs or symptoms concerning for coronary artery disease or congestive heart failure. In addition an echocardiogram, performed on September 13, 2012, did not show any structural abnormalities in the heart. The patient's symptoms had not changed since the first echocardiogram. Medical necessity has not been established.

Doppler echocardiography: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Principles of Doppler Echocardiography, Tissue Doppler Echocardiography.

Decision rationale: MTUS does not address this topic. Doppler echocardiography uses frequency shifts of ultrasound waves to calculate myocardial velocity. The most frequent applications are the evaluation of left ventricular function and diastolic function. In this case there is no documentation that the patient was experiencing any signs or symptoms concerning for coronary artery disease or congestive heart failure. In addition an echocardiogram, performed on September 13, 2012, did not show any structural abnormalities in the heart. The patient's symptoms had not changed since the first echocardiogram. Medical necessity has not been established.

Doppler echocardiography color flow velocity mapping: 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Principles of Doppler Echocardiography, Tissue Doppler Echocardiography.

Decision rationale: MTUS does not address this topic. Doppler echocardiography uses frequency shifts of ultrasound waves to calculate myocardial velocity. The most frequent applications are the evaluation of left ventricular function and diastolic function. Color-coded tissue Doppler echocardiography has the potential to objectively measure myocardial velocity as a means of more accurately assessing regional left ventricular function by echocardiography. In this case there is no documentation that the patient was experiencing any signs or symptoms concerning for coronary artery disease or congestive heart failure. In addition an echocardiogram, performed on September 13, 2012, did not show any structural abnormalities in

the heart. The patient's symptoms had not changed since the first echocardiogram. Medical necessity has not been established.

Supplies and materials: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.