

Case Number:	CM13-0070959		
Date Assigned:	01/08/2014	Date of Injury:	06/18/2009
Decision Date:	04/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 who was injured on 06/18/2009. Mechanism of injury is unknown. Prior treatment history has included metropolol 50 mg, lisinopril 5 mg, metformin 500 mg, Carac cream 0.5%, monteukast sodium 10 mg, atorvastin 40 mg and Qvar 40 mg. He has history of multiple basal cell carcinomas and squamous cell carcinomas treated with Mohs surgery and treatment of actinic keratoses with cryosurgery. The progress note dated 01/29/2013 objective findings on exam: Vital signs: BP 154/76, Weight 218.5. Temperature 98.3. Pulse 56 and regular. EKG shows prominent voltage, normal sinus rhythm. JVP negative. Fundi with grade I changes. Carotids with questionable bruit on left side. Lungs clear to auscultation and percussion. Heart with low grade 1/6 systolic murmur. Abdomen obese. Hemoglobin A1c could be better, 6.9. Plan: At this point in time his systolic blood pressure is elevated but I am not going to change his medication based on measurement. Supplemental report dated 08/24/2013 documented the patient with complaints of nonhealing pruritic lesion of the right arm. Past Medical History: #1 High blood pressure; #2 diabetes; #3 hyperlipidemia. Medications: #1 Metformin; #2 lisinopril; #3 metropolol tartrate; #4 Lipitor; #5 Cardia. Objective findings on exam included dermatological examination reveals signs of photodermatitis which includes silarkeratoses, dyschromia, telangiectasis and solar lentigines. Multiple actinic keratoses are present in the sun exposed areas. There are multiple healing areas of previous cryosurgery with post inflammatory hypo and hyperpigmentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a glucose lab test: 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 Official Disability Guidelines (ODG), Glucose Monitoring Section.

Decision rationale: The medical records document the patient has a long standing diagnosis of Diabetes, for which he continues medication management and monitoring. The guidelines recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy. The medical records do not document the results of his prior results. In addition, the medical records do not demonstrate how the results of a glucose lab test would significantly alter his current treatment plan. Finally, in addition to self-monitoring of blood glucose, once the diagnosis of Diabetes has already been established, periodic A1C testing is the preferred. Nevertheless, the medical necessity of the requested laboratory study has not been established, in the absence that such testing would impact the patient's current treatment course, particularly wherein the diagnosis of Diabetes has already been established. The medical necessity of Glucose lab test has not been established.

The request for a Venal/Adrenal lab test: 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://emedicine.medscape.com/article/127080-workup>

Decision rationale: The medical records do not provide a rationale that supports this request. The evidence based documentation does not support the request. As there is reasoning provided in the submitted documentation that would support the request, the medical necessity of Venal/Adrenal lab test has not been established at this time.

The request for an ultrasound of the lower extremities: 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://www.wheelsonline.com/ortho/dvt/diagnosis/ultrasound>

Decision rationale: According to the guidelines, an ultrasound of the lower extremities may be performed to evaluate for DVT, when clinical findings and history suggest such a diagnosis. However, the medical records do not document a rationale for the requested study. In the

absence of correlative subjective and objective clinical findings, the medical necessity
Ultrasound of the lower extremities of the requested has not been established.

The request for a Holter monitor: 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
https://www.heart.org/HEARTORG/Conditions/HeartAttack/SymptomsDiagnosisofHeartAttack/Holter-Monitor_UCM_446437_Article.jsp.

Decision rationale: According to the medical literature, a Holter monitor, which is an ambulatory ECGs, is used to measure and record the heart activities of a patient over the course of 24 hours or longer. This may be indicated to evaluate for arrhythmias. The medical records do not document current and clinically relevant objective findings that establishes the medical necessity of this request. The medical necessity of a Holter monitor has not been established.

The request for an Electrocardiogram (ECG): 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 Official Disability Guidelines (ODG), Low Back Chapter, Pre-operative Testing Section.

Decision rationale: The medical records do not provide an explanation for this request. The purpose of having the patient undergo an ECG is not provided. In the absence of a supportive clinical rationale, the medical necessity of this requested Electrocardiogram (ECG) is not established.

The request for an echocardiogram (cardiovascular ultrasound): 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 Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing Section.

Decision rationale: The medical records provided do not provide a detailed explanation as to the reason behind this request. The purpose of submitting the patient to an ECG (cardiovascular ultrasound) is unclear. In the absence of supportive clinical rationale, the medical necessity of the Electrocardiogram (cardiovascular ultrasound) request is not substantiated.

The request for an ankle brachial index test: 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 <https://www.nhlbi.nih.gov/health/health-topics/topics/pad/diagnosis.html>.

Decision rationale: According to the medical literature, this test is typically used to diagnose periphery arterial disease (PAD). The ABI compares the blood pressure in the ankle to blood pressure in the arm. The medical records do not provide a rationale that supports this request. As there is no reasoning provided in the submitted documentation that would support the request, the medical necessity for Ankle brachial index test has not been established at this time.

The request for a CV stress test: 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 Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing Section.

Decision rationale: The medical records do not provide a rationale as to why the patient requires the requested studies at this time. In the absence of a supportive clinical rationale, the medical necessity of the request of CV stress test is not established.