

<b>Case Number:</b>	CM14-0004355		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 53 year-old male who has filed a claim for hypertension associated with an industrial injury date of March 24, 2009. Review of progress notes that patient's blood pressure at home was 120/70 to 130/80 mmHg, controlled on medications. Patient reports feeling good, with no new complaints. As per previous utilization review, echocardiogram with Doppler studies from February 2013 showed trace mitral regurgitation and tricuspid regurgitation. Echocardiogram with Doppler studies from November 2010 showed mild concentric left ventricular hypertrophy, and mild mitral and tricuspid regurgitation. Electrocardiograms from 2009-2010 were normal. Treatment to date has included ramipril 10mg, triamterene, and hydrochlorothiazide 25mg. A Utilization review from January 03, 2014 denied the request for blood work, urinalysis, and electrocardiogram as there was insufficient information to support the necessity of these; and echocardiogram with Doppler studies as there are no findings to warrant any special study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLOOD WORK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH-PubMed.

**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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. There is documentation of blood work from October 2010 showing high cholesterol and triglycerides. However, current request does not specify the specific laboratory tests. Therefore, the request for blood work was not medically necessary.

**URINALYSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH-PubMed

**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: Medscape: Urinalysis <http://emedicine.medscape.com/article/2074001-overview#a30>

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Medscape was used instead. According to Medscape, a urinalysis is used as both a screening and diagnostic test in cases when clinicians suspect an infection, or to evaluate for kidney and metabolic disorders. In this case, the requesting physician did not indicate the reason for this request. The patient has controlled hypertension and does not present with symptoms or findings necessitating a urinalysis at this time. Therefore, the request for urinalysis was not medically necessary at this time.

**ELECTROCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH-PubMed.

**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: Medscape: Electrocardiography <http://emedicine.medscape.com/article/1894014-overview>

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Medscape was used instead. According to Medscape, electrocardiogram is routine in the evaluation of patients with implanted defibrillators and pacemakers, to detect

myocardial injury, ischemia, and prior infarction. It is also used to diagnose disorders of rhythm; to evaluate syncope, metabolic disorders, effects of pharmacotherapy, and other cardiomyopathic process. This patient has hypertension that has been controlled on medications. Previous electrocardiograms were within normal limits. Patient does not have any recent complaints referable to the cardiovascular system. Therefore, the request for electrocardiogram was not medically necessary per the guideline recommendations.

**ECHOCARDIOGRAM WITH DOPPLER STUDIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH-PubMed.

**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: Aetna Clinical Policy Bulletin: Color-Flow Doppler Echocardiography in Adults [http://www.aetna.com/cpb/medical/data/1\\_99/0008.html](http://www.aetna.com/cpb/medical/data/1_99/0008.html)

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Aetna was used instead. Aetna considers color-flow Doppler echocardiography in adults medically necessary for evaluation of aortic diseases, aortocoronary bypass grafts, hypertrophic cardiomyopathy, prosthetic valves, septal defects, shunts, and valve stenosis and regurgitation. In this case, patient has had recent echocardiography with Doppler studies showing no significant abnormalities. Patient does not present with any new complaints referable to the cardiovascular system, and has controlled blood pressure with medications. There is no evidence to support a repeat echocardiogram at this point. Therefore, the request for echocardiogram with Doppler studies was not medically necessary per the guideline recommendations of Aetna.