

Case Number:	CM14-0102236		
Date Assigned:	07/30/2014	Date of Injury:	09/08/2000
Decision Date:	09/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 61 year old male who sustained an industrial injury on 09/08/00. His past medical history included hypertension, hyperlipidemia, heart disease, prostate cancer and non-Hodgkin's lymphoma. His prior laboratory test results from 2009 showed normal uric acid, normal TSH, free T3, free T4, total T4 and total T3. He was seen by the Internal medicine provider on 04/08/14. His blood pressure was a little high and he had no complaints. He was feeling fairly well. He needed followup with the Oncologist. His examination was remarkable for a blood pressure of 130/90 mm of Hg, clear lungs, regular rate and rhythm of heart and his diagnoses were hypertension, hypertensive heart disease and lymphoma. His treatment plan included increasing Losartan to 25mg BID, continuing Ramipril 10mg PO BID, HCTZ 25mg daily and Atorvastatin 40mg daily. A request was sent for CMP, CBC, lipid panel, hemoglobin A1c, thyroid panel, uric acid, GGTP, ferritin, vitamin D, urine creatinine, urine albumin, echocardiogram and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triiodothyronine T3 , total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, Daniels GH, Gouveia D. The use and limitations of a chemiluminescent thyrotropin assay as a single thyroid function tests in an out-patient endocrine clinic. J Clin Endocrinal Metab. 1990; 71:764-769.

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:Uptodate: Laboratory assessment of thyroid function.

Decision rationale: The employee had a history of hypertension, hyperlipidemia and non-Hodgkin's lymphoma. There was no documented history of thyroid disease or symptoms of hypo or hyperthyroidism. In the absence of symptoms or preexisting thyroid illness, screening is done with TSH. Hence the request for total T3 and free T3 are not medically appropriate or necessary.

Triiodothyronine T3, free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, Daniels GH, Gouveia D. The use and limitations of a chemiluminescent thyrotropin assay as a single thyroid function tests in an out-patient endocrine clinic. J Clin Endocrinal Metab. 1990; 71:764-769.

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: Uptodate: Laboratory assessment of thyroid function.

Decision rationale: The employee had a history of hypertension, hyperlipidemia and non-Hodgkin's lymphoma. There was no documented history of thyroid disease or symptoms of hypo or hyperthyroidism. In the absence of symptoms or preexisting thyroid illness, screening is done with TSH. Hence the request for total T3 and free T3 are not medically appropriate or necessary.

Thyroxine, free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, Daniels GH, Gouveia D. The use and limitations of a chemiluminescent thyrotropin assay as a single thyroid function tests in an out-patient endocrine clinic. J Clin Endocrinal Metab. 1990; 71:764-769.

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:Uptodate: Laboratory assessment of thyroid function.

Decision rationale: The employee had a history of hypertension, hyperlipidemia and non-Hodgkin's lymphoma. There was no documented history of thyroid disease or symptoms of hypo or hyperthyroidism. In the absence of symptoms or preexisting thyroid illness, screening is done with TSH. Free thyroxine is added if the patient had convincing symptoms of hyper or hypothyroidism or if TSH is high or low. Hence the request for free thyroxine is not medically necessary or appropriate.

Uric Acid, blood: 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: < http://www.the-rheumatologist.org/details/article/4460641/Letter_Theres_No_Reason_Now_to_Screen_for_Uric_Acid.html.

Decision rationale: According to the evidence cited above, screening for hyperuricemia in the absence of gout or kidney stones is not recommended given the data from the Framingham study which demonstrated that most hyperuricemic patients never developed gout or kidney stones. Since the employee didn't have a history of gout or kidney stones, the request for uric acid serum level is not medically necessary or appropriate.