

<b>Case Number:</b>	CM14-0010571		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/20/2000
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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 injured worker is a 65-year-old female who reported an injury on 02/20/2000. Prior treatment studies were not submitted for this review. The injured worker had blood work on 08/06/2013 that revealed HCT was low, MCV was low, cholesterol was high, and triglycerides was high. The injured worker's calcium was high and her uric acid was high. The injured worker had a vitamin D deficiency. The injured worker was evaluated on 08/06/2013 and it was documented that the injured worker complained of shortness of breath and dizziness. It was noted the injured worker's blood pressure was controlled with medications. The findings revealed negative neck pain and lungs were clear. Diagnoses included atrial fibrillation, hypertension, and essential benign. Medications included enalapril 20 mg and diltiazem 60 mg, and the injured worker will followup in 6 months.

### 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 LABTESTSONLINE.ORG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LABS, CBC NSAID's Page(s): 70.

**Decision rationale:** The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The provider failed to indicate rationale why blood work was ordered on 08/06/2013. There was no indication of the medical necessity regarding the patient on the visit of 08/06/2013 in order to justify blood work. As such, the request for blood work RFA 8/6/13 is not medically necessary.

**ECHOCARDIOGRAM WITH DOPPLER STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ARRHYTHMIA PHILADELPHIA (PA): INTRACORP; 2004, VARIOUS P.DIAGNOSTIC TESTS INTRACORP GUIDELINE CARDIAC ELECTROPHYSIOLOGIC STUDIES

**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://labtestsonline.org/>

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) are silent regarding echocardiogram with Doppler. Most laboratory and diagnostic testing, including electrocardiograms are not necessary for routine procedures unless a specific indication is present. The role of preoperative electrocardiogram is uncertain. On rare occasions an electrocardiogram can detect a previously unrecognized myocardial infarction. The provider failed to indicate the rationale on why the injured worker was requiring an echocardiogram with Doppler studies. There is no indication that the injured worker was undergoing a high risk surgery or undergoing intermediate risk surgery, who have additional risk factors of cardiovascular disease. As such, the request Echocardiogram with Doppler studies RFA 08/06/2013 is not medically necessary.

**ELECTROCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ZIPES: BRAUNWALD'S HEART DISEASE: A TEXTBOOK OF CARDIOVASCULAR MEDICINE, 7TH ED.,...P. 261. THE ACC/AHA GUIDELINES

**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://labtestsonline.org/>

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) are silent regarding echocardiogram. Most laboratory and

diagnostic testing, including electrocardiograms are not necessary for routine procedures unless a specific indication is present. The role of preoperative electrocardiogram is uncertain. On rare occasions an electrocardiogram can detect a previously unrecognized myocardial infarction. The provider failed to indicate the rationale on why the injured worker was requiring an echocardiogram with Doppler studies. There is no indication that the injured worker was undergoing a high risk surgery or undergoing intermediate risk surgery, who have additional risk factors of cardiovascular disease. As such, the request Echocardiogram RFA 08/06/2013 is not medically necessary.

**URINE ANALYSIS:** Upheld

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

**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://labtestsonline.org/understanding/analytes/urinalysis/tab/sample/>

**Decision rationale:** Per labstestonlineorg state that urinalysis many disorders can be diagnosed in their early stages by detecting abnormalities in the urine. Abnormalities include increased concentrations of constituents that are not usually found in significant quantities in the urine, such as: glucose, protein, bilirubin, red blood cells, white blood cells, crystals, and bacteria. However, the provider failed to indicate the rationale on why he was requiring a urine analysis for the injured worker. The provider failed to include a diagnosed abnormalities to validate the request for the urine analysis. As such, the request for Urine Analysis RFA 08/06/2013 is not medically necessary.