MAXIMUS Federal Services

Case Number:	CM14-0012962		
Date Assigned:	04/09/2014	Date of Injury:	06/02/2003
Decision Date:	08/05/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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:

This is a 48 year-old male with a 6/2/03 date of injury. The patient was seen on 12/5/13 for abdominal pain when he takes his Delixant, occurring in the epigastric region, which is alleviated by food. He also complained of constipation. The patient had an abdominal ultrasound showing mild fatty liver. Exam finings revealed 2+ tenderness palpation epigastric region. The patient is obese. No melena, palpitations, or syncope were noted. The patient complained of heartburn, heamtochezia and chest pain with nausea and vomiting. The diagnosis is sleep apnea, obesity, GERD12/34/13 2D Echo: normal study, no valve abnormalities, no focal wall motion deficits. Ejection fraction of 68%11/18/13 abdominal US: fatty liver. Treatment to date: medications. An adverse determination was received on 12/26/13 for fasting labs given there was no mention regarding the necessity for fasting labs, and a 2-D Echo was denied given there was no EKG available for review. The EKG request was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FASTING LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson and Pincus: Henry's Clinical Diagnosis and Management by Laboratory Chapter 8-interpreteing laboratory results.

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:McPherson and Pincus: Henry's Clinical Diagnosis and Management by Laboratory Chapter 8-interpreteing laboratory results.

Decision rationale: This patient has complaints of abdominal pain with nausea and vomiting and hematochezia and is noted to be obese with obesity related conditions such as GERD, sleep apnea, and fatty infiltration of the liver seen on abdominal ultrasound. The patient has abdominal pain with no significant pathology on ultrasound. A 2-D Echo was negative for any cardiac pathology. While labs may be a tool in the work up of this patient's symptoms, it is unclear what type of labs are being requested and to what specific symptoms these labs are being ordered for. Therefore, the request for fasting lass was not medically necessary.

2 D ECHO: 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., page 261.

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: Braunwald's Heart Disease-A Textbook of Cardiovascular Medicine 9th edition Chapter 13.

Decision rationale: CA MTUS does not address this issue. Per Braunwald's Heart Disease, a 2-D Echo is used to assess cardiac valvular insufficiency as well as congestive heart failure. Chronic hypertension is not a reason to order a 2-D Echo. In addition, the patient does not have a baseline EKG for review, and there are no symptoms. It is unclear what the rationale for a 2-D Echo is in this patient's case. However, a 2-D Echo was done on 12/3/13 which as normal. Therefore, the request for a 2-D Echo was not medically necessary.