

<b>Case Number:</b>	CM14-0014730		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 patient is a 59 year old male who was injured on 10/13/2008. The mechanism of injury is unknown. Prior treatment history has included Naprosyn, metformin, amlodipine, Lipitor, metoprolol, and hydrochlorothiazide. The patient underwent a right knee revision with polyethylene exchange as well as a lateral release and extensive debridement synovectomy. Blood work dated 10/01/2013 reveals CBC within normal limits except MCV which is 101.0 and MCH is 33.3. Lipid panel within normal limits; BMP within normal limits except glucose is 123; Hepatic function panel is within normal limits; Uric acid is 8.6 and thyroid panel is within normal limits. Diagnostic studies reviewed include EKG dated 03/05/2013 revealed nonspecific intraventricular conduction. The M-Mode, 2-D, and Doppler echocardiography report dated 03/05/2013 reveals left ventricular chamber dimensions are normal with normal systolic function and wall motion pattern; left atrium, right atrium, right ventricle and aorta are normal; aortic valve, mitral valve, and tricuspid valve are normal and doppler reveals trace mitral regurgitation and trace tricuspid regurgitation with an ejection fraction of 60%. The radionuclide imaging, three phase, of the right knee dated 04/02/2013 revealed non-specific right knee activity; loosening cannot be excluded. There is no specific evidence for infection and no hyperemia is evident. The PR2 dated 01/04/2014 reports the patient states he has been monitoring blood pressure at home and is normal. He had right knee surgery on 11/25/2013 and feels well. On exam, the lungs are clear and heart is regular. The patient is diagnosed with essential benign hypertension, hypertensive heart disease, unspecified, and impotence organic origin. The treatment and plan include amlodopine 10 mg, HCTZ 25 mg and Viagra. The Orthopedic note dated 11/21/2013 reports the patient complains of persistent pain and dysfunction secondary to his surgery. He has daily pain and difficulty driving. He has anterior knee pain as well as synovitis. His past history is positive for hypertension, heart disease, diabetes, high cholesterol

and arthritis. On exam, there is crepitus patellofemorally and laterally with range of motion of the knee. His knee is stable to varus and valgus stress. He is also stable to anterior and posterior stresses. Range of motion is 0 to 110 degrees. The prior UR dated 01/28/2014 states the request for blood work with urinalysis is not medically necessary as medical necessity has not been established. The request for an electrocardiogram is not medically necessary as medical necessity has not been established. The request for echo and Doppler studies is not medically necessary as medical necessity has not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BLOOD WORK WITH URINALYSIS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 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: MedlinePlus A service of the U.S. National Library of Medicine CBC, Metabolic Panel, and Urinalysis <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>  
<http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>  
<http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>

**Decision rationale:** According to the Medline Plus recommendation, blood work and urinalysis are recommended as a basic lab work for regular follow-up of patients. The medical records document the patient was diagnosed with hypertensive heart disease unspecified, diabetes mellitus, and status post right total knee revision. The patient had blood work dated 10/1/2013 which did not appear to reveal any concerning findings requiring follow up testing at this time. In the absence of a clear medical indication for requesting the blood work and urinalysis, the request is not medically necessary according to the guidelines.

#### **PART 2: BLOOD WORK WITH URINALYSIS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 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: MedlinePlus A service of the U.S. National Library of Medicine CBC, Metabolic Panel, and Urinalysis <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>  
<http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>  
<http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>.

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus recommendation, blood work and urinalysis are recommended as a basic lab work for regular follow-up of patients. The medical records

document the patient was diagnosed with hypertensive heart disease unspecified, diabetes mellitus, and status post right total knee revision. The patient had blood work dated 10/1/2013 which did not appear to reveal any concerning findings requiring follow up testing at this time. In the absence of a clear medical indication for requesting the blood work and urinalysis, the request is not medically necessary according to the guidelines.

**ELECTROCARDIOGRAM (EKG): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**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, Preoperative electrocardiogram (ECG). Other Medical Treatment Guideline or Medical Evidence: Electrocardiogram MedlinePlus A service of the U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>.

**Decision rationale:** According to Official Disability Guidelines, ECG is recommended for patients undergoing high-risk surgery, and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. According to the Medline Plus recommendation, ECG is used to measure any damage to the heart, how fast your heart is beating and whether it is beating normally, the effects of drugs or devices used to control the heart (such as a pacemaker), and the size and position of your heart chambers. The medical records document the patient was diagnosed with hypertensive heart disease unspecified, diabetes mellitus, and status post right total knee revision. According to the submitted medical records the patient had ECG dated 3/5/2013. In the absence of clear medical indication for requesting the ECG, and as the patient is not undergoing surgical intervention, the request is not medically necessary according to the guidelines.

**ECHOCARDIOGRAM (ECHO) WITH DOPPLER STUDIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 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: Possibilities of clinical echocardiography in patients with heart failure: some examples from clinical practice PubMed.gov US National Library of Medicine National Institutes of Health Conthe P1, Cepeda JM2. <http://www.ncbi.nlm.nih.gov/pubmed/24930081>.

**Decision rationale:** According to Official Disability Guidelines, ECG is recommended for patients undergoing high-risk surgery, and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. According to the Medline Plus recommendation, ECG is used to measure any damage to the heart, how fast your heart is beating and whether it is beating normally, the effects of drugs or devices used to control the heart (such as a pacemaker), and the size and position of your heart

chambers. The medical records document the patient was diagnosed with hypertensive heart disease unspecified, diabetes mellitus, and status post right total knee revision. According to the submitted medical records the patient had ECG dated 3/5/2013. In the absence of clear medical indication for requesting the ECG, and as the patient is not undergoing surgical intervention, the request is not medically necessary according to the guidelines.