

<b>Case Number:</b>	CM14-0165593		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Physical Medicine and Rehabilitation and Pain 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 60-year-old male who sustained an injury on 10/13/08. As per 7/30/14 report, the patient presented with history of hypertension and hypertensive heart disease. It was noted that blood pressure was under control and he was tolerating medication with no new complaints. No significant objective findings were noted. As per 6/27/14 orthopedic visit report, he had some right knee discomfort. He had right total knee arthroplasty and got worse after the surgery. Exam revealed minimal swelling and ROM of 0 to 120. His previous treatment included physical therapy, injections and medications. Currently he is on Naprosyn, Metformin, Amlodipine, Lipitor, Metoprolol, and Hydrochlorothiazide. Diagnosis included status post revision right total knee arthroplasty. The present request for the blood tests and other labs was made by the patient's treating physician for hypertension and no other relevant information was available. The request for CBC, Lipid Panel Total T3, T4, T3 Uptake, T3 Free, Free Thyroxine, TSH and Hepatic Function Panel, Uric Acid, GGTP, Serum Ferritin, Vita D 25 Hydroxy, Apolipoprotein A, B, Blyco Hgb A1C was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC, Lipid Panel Total T3, T4, T3 Uptake, T3 Free, Free Thyroxine, TSH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 NIH/Medline.

**Decision rationale:** Per NIH/Medline, CBC (Complete Blood Count) measures the number of Red blood cells, White blood cells, hemoglobin, that is used in the evaluation of a wider range of disorders such as anemias, infections, etc. A thyroid panel (T3, T4, T3 uptake, T3 free, free thyroxine, TSH) is used to screen or evaluation of thyroid disorders such as hypo/hyperthyroidism. In this case, the medical records do not document any subjective complaints, relevant medical history, or objective findings on examination that would raise concern for anemias, infections, thyroid disorders or other problems. Thus, the request is considered not medically necessary.

**Hepatic Function Panel, Uric Acid, GGTP, Serum Ferritin, Vita D 25 Hydroxy, Apolipoprotien A, B, Blyco Hgb A1C:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 NIH/Medline.

**Decision rationale:** Per NIH/Medline, Hepatic function panel is used for the evaluation of liver disorders or metabolic diseases. Uric acid level is used for the evaluation of hyperurecemia and gout. Gamma-Glutamyl Transpeptidase; GGTP is a test used to determine the causes of elevated ALP, and for the evaluation of liver disorders. Serum ferritin level is used for the evaluation or monitoring of iron defficiency anemia. Vit. D levels is used for the evaluation of osteoporosis and metabolism of bone. Apolipoprotien A can be used for the evaluation of familial HDL defficiency. Apolipoprotein B100 (apo B100) is a protein that plays a role in the metabolism of low density lipoprotein (LDL). Apolipoprotein measurements may provide more detail about your risk for heart disease, but the added value of this test beyond a lipid panel is unknown. Hgb A1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. In this case, the medical records do not document any subjective complaints, relevant medical history, or objective findings on examination that would raise concern for anemias, infections, thyroid disorders or other problems. Thus, the request is considered not medically necessary.