MAXIMUS Federal Services

Case Number:	CM14-0025975		
Date Assigned:	06/16/2014	Date of Injury:	03/07/2008
Decision Date:	11/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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 56 year old male with a date of injury on 3/7/2008. Diagnoses include aortic valve disorder, angina, hypertension, chronic lymphocytic leukemia, and undiagnosed cardiac murmurs. Subjective complaints are of patient being distraught over new diagnosis of leukemia. Physical exam shows blood pressure of 132/60 and heart rate of 60. There was a systolic ejection murmur and a S4 heart sound. Submitted documentation shows a prior CBC, CMP, and Echo cardiogram. There is no rationale in the submitted records that explain the current need for the requested lab evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSSIBLE LABS (CBC, CMP, LIPIDS, BNP, CRP, HOMOCYSTINE, TSH, GENERAL CHEMISTRIES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guideline.gov, HFSA 2010 comprehensive heart failure practice guideline

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: www.guidelines.gov Evaluation of patients for ventricular dysfunction and heart failure: HFSA 2010

Decision rationale: CA MTUS and the ODG do not address the use of laboratory evaluation for cardiac disorders. Alternate guidelines were consulted that recommend the use of laboratory evaluation including markers for heart failure and cardiac risk. While this patient will continue to need further cardiac evaluation and laboratory evaluation, the submitted records do not present adequate documentation or rationale to explain the need for further testing at this point in treatment. Therefore, the medical necessity for the request is not established at this time.