

Case Number:	CM14-0026513		
Date Assigned:	03/05/2014	Date of Injury:	03/29/2010
Decision Date:	04/30/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 03/29/2010. The mechanism of injury was not provided for review. The patient was evaluated in 08/2013 by an internal medicine specialist. It was noted that the patient had previously undergone lab testing, which was unremarkable, in 07/2013. The patient was evaluated on 10/31/2013. Vital signs were noted to be 143/86 mmHg with a heart rate of 85 beats per minute and a blood glucose level of 194 with insulin. No other notable deficits were documented upon physical examination. The patient's diagnoses included diabetes mellitus aggravated by a work-related injury, hypertension aggravated by a work-related injury, obesity, blurred vision and sleep disorder. The patient's treatment plan included a referral to a gastrointestinal specialist, orthopedic specialist and psychiatrist due to psychiatric complaints. Laboratory testing was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB: HGB, A1C, CMP, CBC, LIPID PANEL, MICRO ALBUMIN, TSH, AMALASE, LIPASE, H-PYLORI ANTIBODY, TG, T3, T4, VIT-D, URIC ACID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE: [HTTP://LABTESTSONLINE.ORG/](http://labtestsonline.org/)

Decision rationale: The requested labs: HGB, A1c, CMP, CBC, lipid panel, microalbumin, TSH, amylase, lipase, H. pylori antibody, TG, T3, T4, vitamin D and uric acid are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address regular laboratory testing. The clinical documentation submitted for review indicates that the requested lab testing is related to the patient's hypertension and diabetes which has been aggravated by the patient's injury. An online resource, labtesting.com, recommends information from screening tests to assist with preventative measures and treatment planning. However, the submitted documentation does not provide the rationale to support the testing requested. The clinical documentation does indicate that the patient previously underwent lab testing in 07/2013. There was no documentation of a significant change in physical presentation to support additional testing. As such, the requested labs: HGB, A1c, CMP, CBC, lipid panel, microalbumin, TSH, amylase, lipase, H. pylori antibody, TG, T3, T4, vitamin D and uric acid are not medically necessary or appropriate.