

Case Number:	CM14-0026571		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2000
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopedic Surgery 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 54 year old male injured on December 27, 2000. The mechanism of injury is noted as elevated blood pressure while performing a treadmill stress test. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of tightness of the chest. Current medications include Cozaar and Enalapril. It was a normal physical examination on this date. An EKG indicated a heart rate of 101 with no evidence of ischemia or old injury. An echocardiogram noted mild diastolic dysfunction consistent with mild hypertensive heart disease. Bioimpedance plethysmography noted mildly increased cardiac output and mild diastolic hypertension. The exercise treadmill test indicated that the injured employee was in a low risk category and considered good for his age. Tachycardia was attributed to nervousness at rest. A request had been made for hemoglobin A1C, thyroid panel, vitamin D testing and was not certified in the pre-authorization process on February 24, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK: HEMOGLOBIN A1C: 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 or Medical Evidence: <http://emedicine.medscape.com/article/241381-overview>.

Decision rationale: Previous laboratory blood test dated September 3, 2013 indicated that the injured employee had a normal hemoglobin A1C. There is no other indication that the injured employee is at high risk for diabetes. Therefore this repeat request for a hemoglobin A1C is not medically necessary.

BLOODWORK: THYROID PANEL: 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 or Medical Evidence: <http://emedicine.medscape.com/article/241381-overview>.

Decision rationale: A thyroid panel is used to screen for abnormalities of the thyroid gland indicative of hyper or hypothyroidism. The injured employee displays no symptoms of hyper or hypothyroidism. Additionally, thyroid screening is usually assessed using a singular TSH thyroid screening laboratory test rather than an entire panel. There is no indication for complete thyroid panel of the injured employee. This request for a thyroid panel is not medically necessary.

BLOODWORK: VITAMIN D: 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 or Medical Evidence: <http://emedicine.medscape.com/article/241381-overview>.

Decision rationale: A vitamin D laboratory test is used to screen for abnormalities related to vitamin D such as bony problems or problems related to abnormal metabolism of calcium. The injured employee has been diagnosed with hypertension and there are no signs or symptoms related to vitamin D issues in the injured employee. This request for a vitamin D laboratory test is not medically necessary.