

Case Number:	CM14-0063577		
Date Assigned:	07/11/2014	Date of Injury:	03/10/2010
Decision Date:	08/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 injured worker is a 63-year-old female who reported an injury on 03/10/2010. The mechanism of injury was not provided in the medical records. Her diagnoses included; chest pain, hypertension, palpitations, shortness of breath, and hypothyroidism. Her previous treatments included; medications, physical therapy and aquatic therapy. Per the clinical note dated 03/12/2014, the physician reported the injured worker had 3+ bilateral pitting edema of her lower extremities. The physician's treatment recommendations were for fasting labs to be performed at her next visit and a urine toxicology screening. Per the clinical note dated 03/19/2014, the injured worker reported that she does not take her HCTZ every day because it caused her potassium level to drop and she got muscle cramps. She reported that her shortness of breath had improved but there were no changes to the edema in her lower extremities. The physician's treatment included fasting labs and a recommendation for a stress echo and medication, K DUR #30, 10 mEq daily with 1 refill. The current request is for fasting labs specified as a hypertension panel. The rationale for the request was not provided. The Request for Authorization was provided on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting labs: 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://labtestsonline.org/understanding/conditions/hypertension/>.

Decision rationale: Lab Tests Online state laboratory testing is not diagnostic for hypertension, but tests are frequently ordered to detect conditions that may be causing and/or exacerbating high blood pressure and to evaluate and monitor organ function over time. The fasting labs usually include glucose A1c and lipid profile. The clinical documentation provided indicated the injured worker had 3+ edema of her lower extremities and she was taking HCTZ, which is a medication to help with fluid retention and the physician ordered fasting labs. However, the request failed to provide the specific lab tests being requested; and the rationale to indicate why the labs would be necessary. Therefore, this request would not be supported. As such, the request for fasting labs is not medically necessary.