

Case Number:	CM14-0075923		
Date Assigned:	07/16/2014	Date of Injury:	03/15/2013
Decision Date:	08/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal 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 injured worker is a 58 year old man with a work-related injury dated 3/15/13. Diagnoses include recurrent stroke, hypertension s/p TPA on 10/27/13 and gastritis. He has residual left side weakness. The primary treating physician evaluated the patient on multiple occasions including 9/17/13, 11/5/13, 12/17/13, 1/28/14, 3/11/14 and 4/29/14. Laboratory studies including hypothyroid lab test, T3 uptake, T4 level, ESR, Total T3, CRP and Fe level were ordered 1/28/14 for 2/11/14. The diagnosis on 1/28/14 was hypertension and recurrent stroke. Under consideration is the medical necessity of the above laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro DOS: 2/11/14) Hypothyroid Lab Test: 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:Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUS is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted to look for secondary causes of hypertension and CVA. The TSH is the preferred screening test for hypothyroidism. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. The hypothyroid lab test is not medically necessary as a TSH was normal in 6/4/13 (less than a year from the ordered labs) and furthermore a TSH would be the preferred method for screening.

(Retro DOS: 2/11/14) T3 Uptake Lab Test: 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: Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUS is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted to look for secondary causes of hypertension and CVA. The TSH is the preferred screening test for hypothyroidism. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. The T3 uptake is not medically necessary as a TSH and T3 level was normal in 6/4/13 (less than a year from the ordered labs) and furthermore a TSH would be the preferred method for screening for thyroid disease.

(Retro DOS: 2/11/14) T4 Lab Test: 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:Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUs is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted to look for secondary causes of hypertension and CVA. The TSH is the preferred screening test for thyroid disease. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. The T4 is not medically necessary as a TSH and T4 level were normal in 6/4/13 (less than a year from the ordered labs) and furthermore a TSH would be the preferred method for screening for thyroid disease.

(Retro DOS: 2/11/14) Erythrocyte Sedimentation Rate Lab Test: 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: Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUs is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted

to look for secondary causes of hypertension and CVA. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. An ESR/CRP are markers for inflammation, these labs were not medically necessary.

(Retro DOS 2/11/14) Total T3 Lab Test: 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: Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUs is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted to look for secondary causes of hypertension and CVA. The TSH is the preferred screening test for hypothyroidism. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. The T3 uptake is not medically necessary as a TSH and T3 level was normal in 6/4/13 (less than a year from the ordered labs) and furthermore a TSH would be the preferred method for screening for thyroid disease.

(Retro DOS 2/11/14) C-Reactive Protein Lab Test: 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:Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUS is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes

mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted to look for secondary causes of hypertension and CVA. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. An ESR/CRP are markers for inflammation, these labs were not medically necessary.

Iron Lab Test: 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:Uptodate.com. Overview of secondary prevention of ischemic stroke. Overview of hypertension in adults.

Decision rationale: The injured worker is a 58year old man with hypertension and recurrent CVA. He was seen for f/u on 1/28/14 with laboratory studies ordered including hypothyroid lab test, total T3 and T4 lab test, T3 uptake, iron (FE) level, ESR and CRP. The MTUS is silent regarding these laboratory studies. According to uptodate.com secondary prevention for CVA includes modification of risk factors including hypertension, smoking cessation, Diabetes mellitus, dyslipidemia, metabolic syndrome and prevention of atrial fibrillation and carotid artery stenosis. With regards to the management of hypertension an evaluation for secondary causes of hypertension is warranted. This evaluation includes a history, physical examination, urinalysis and measurement of the hematocrit, routine blood chemistries, serum creatinine, lipids and an ECG. The approved laboratory studies drawn on 2/11/14 included blood chemistries (CMP), TSH, CBC, urinalysis, magnesium and GGTP. The approved laboratory studies were warranted to look for secondary causes of hypertension and CVA. A full set of labs dated 6/4/13 including CMP, FLP, TSH, T3, T4, and T7 were all unremarkable. An iron level is drawn to assess causes for anemia (low hematocrit). In this case there is no documentation that the patient has anemia and therefore the use of an iron level is not medically necessary.