

Case Number:	CM14-0086208		
Date Assigned:	07/23/2014	Date of Injury:	05/27/2011
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 patient is a 69 year old male who was injured on 05/27/2011 from cumulative trauma. Prior treatment history has included right wrist surgery. A progress note dated 01/22/2014 documented the patient having improved abdominal pain (with medications). He also notes improved blood glucose levels. Objective findings reveal blood pressure of 128/70 (without medications), heart rate 70 bpm, and blood glucose levels of 186 mg/dl and weight 183 pounds. Systemic physical examination reveals normal findings. Progress report dated 04/16/2014 documented the patient noted controlled gastroesophageal reflux symptoms with PPI and diet, diabetes mellitus and hypertension. He reports occasional abdominal pain, chest pain and shortness of breath. Objective findings on exam reveal blood pressure 148/79 mmHg, heart rate of 77 bpm and weight 178 pounds. Respiratory and cardiovascular examinations were normal. There was 1+ tenderness on palpation of the epigastric area. His abdomen was soft with normoactive bowel sounds. The treatment plan includes laboratory tests, ophthalmology consult and medications to include Prilosec, Lisinopril, Simvastatin, Metformin and Tramadol. Utilization report dated 05/19/2014 did not certify the request for Diabetes Mellitus Profile, Hypertension Profile and Gastrointestinal Profile. The rationale for each test was not given and the provider did not discuss the laboratory results included in these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetes Mellitus profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2010/0401/p863.html>.

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://www.aafp.org/afp/2010/0401/p863.html>.

Decision rationale: The guidelines recommend periodic blood test monitoring for patient with diabetes. The clinical documents did state the patient has diabetes but did not clarify which specific blood tests are included in the diabetes profile. It is unclear which specific tests are being ordered and the indication for each test. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Hypertension profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medinovaindia.com/hypertension-profile.html>.

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/start/3/>.

Decision rationale: The guidelines recommend periodic blood test monitoring may be used for patient with hypertension. The clinical documents did state the patient has hypertension but did not clarify which specific blood tests are included in the hypertension profile. It is unclear which specific tests are being ordered and the indication for each test. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Gastrointestinal profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.diagnostechs.com/Pages/GIPatientOverview.aspx>.

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://www.diagnostechs.com/pages/gihealthpanels.aspx>.

Decision rationale: The guidelines recommend monitoring for control of GERD by subjective and objective clinical findings. Blood testing is generally not indicated for chronic controlled GERD. The clinical documents did state the patient has GERD but did not clarify the indication for blood testing. Gastrointestinal profile is a vague term, which could include many possible blood tests. It is unclear which specific tests are being ordered and the indication for each test. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

