MAXIMUS Federal Services

| Case Number: | CM14-0090698 | | |
|---|---|---|---|
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/14/2011 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

## 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 53 year old male who was injured on 04/23/1989. Mechanism of injury is unknown. Prior treatment history has included left shoulder surgery January of 2011, left knee repair in 2003 and a left carpal tunnel release January 2011. His medications include Ramipril, amitriptyline and ibuprofen. He has had physical therapy which was not successful and nerve block injection. Progress note dated 01/14/2014 documented the patient's blood pressure is high at 152/96. He has a slight dry cough that is not bothersome. Objective findings reveal neck and lungs clear. Heart with regular rate and rhythm. Diagnosis: Hypertension. Treatment plan: Increase Ramipril to 10 mg bid.Progress note dated 03/11/2014 documented the patient's blood pressure is under control. He has no new complaints and feels fairly well. Objective findings reveal lungs are clear. Blood pressure is 126/86. Heart regular rate and rhythm. Diagnosis: Hypertension. Treatment plan: Ramipril 10 mg. Utilization report dated 05/19/2014 modified the request for metabolic panel, CBC, lipid panel, hepatic function panel, hemoglobin A1C, thyroid panel, uric acid, GGT, serum ferritin, vitamin D and apolipoprotein A/B to metabolic panel, lipid panel, hepatic function panel and uric acid only .

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bloodwork: metabolic panel, CBC, Lipid panel, Hepatic function panel, Hemoglobin A1C, Thyroid panel, Uric acid, GGT, Serum Ferritin, Vitamin D and Apolipoprotein A/B.:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation The National Center for Biotechnology.

**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.nlm.nih.gov/medlineplus/ency/article/003468.htmhttp://labtestsonline.org/understanding/analytes/lipid/tab/testhttp://www.medicinenet.com/complete_blood_count/article.htmhttp://labtestsonline.org/understanding/analytes/a1c/tab/testhttp://labtestsonline.org/understanding/analytes/liver-panel/tab/testhttp://www.endocrine.niddk.nih.gov/pubs/thyroidtests/index.aspxhttp://labtestsonline.org/understanding/analytes/uric-acid/tab/testhttp://www.nlm.nih.gov/medlineplus/ency/article/003490.htmhttp://www.nlm.nih.gov/medlineplus/ency/article/003490.htmhttp://labtestsonline.org/understanding/analytes/vitamin-d/tab/testhttp://www.medscape.com/viewarticle/541799.

**Decision rationale:** The guidelines recommend periodic laboratory testing for patients with hypertension and screening for hyperlipidemia. It is not clear from the documents why all of the blood tests are indicated above. It is unclear when the previous blood tests were performed and if any abnormalities require periodic screening. Some of the blood tests such as apolipoprotein levels are not recommended by the current guidelines. Some of the clinical documents were handwritten, illegible, and brief with minimal clinical information. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.