

<b>Case Number:</b>	CM14-0139069		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 25, 2010. In a Utilization Review report dated July 31, 2014, the claims administrator failed to approve a laboratory testing to include a DHEA test, thyroid function testing, and a free testosterone level. A variety of non-MTUS Guidelines were invoked, despite the fact that the MTUS did address portions of the request, along with a RFA form of July 23, 2014 and a progress note of July 15, 2014. The applicant's attorney subsequently appealed. On July 17, 2014, the applicant reported ongoing complaints of bilateral knee pain with associated swelling, throbbing, and giving way. The applicant was using Norco, Lasix, Ativan, Prilosec, and Motrin, it was acknowledged. The applicant was apparently in the process of considering a knee arthroscopy procedure. It was suggested that the applicant should undergo various preoperative laboratory testing and cease usage of ibuprofen. There was no specific mention of the need for thyroid function testing or any of the other endocrine tests in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Dhea Sulfate Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** No, the request for DHEA testing was not medically necessary, medically appropriate, or indicated here. DHEA is an androgen. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest considering an endocrine evaluation and/or testosterone level and, by implication, by the DHEA level at issue, in men taking long-term, high-dose oral opioids, or intrathecal opioids and who exhibit signs or symptoms of hypogonadism, in this case, however, there was no mention of the applicant's exhibiting any signs or symptoms of hypogonadism such as gynecomastia on or around the July 17, 2014 office visit on which the laboratory testing in question was seemingly endorsed. The attending provider's progress note of that made no mention of the laboratory testing of hypogonadism but, rather, suggested that the attending provider was intent on pursuing preoperative laboratory testing prior to planned knee surgery. DHEA testing, thus, does not appear to be indicated in the clinical context present here. Therefore, the request was not medically necessary.

**Request for 1 Free Triiodothyronine (T3), Thyroxine (T4) Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** Similarly, the request for free T3 and T4 levels, forms of thyroid function testing, were likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for medical comorbidities such as hypothyroidism is governed by an applicant's history, in this case, however, there was no mention of the applicant's having issues with suspected hypothyroidism on the July 17, 2014 progress note, referenced above. Rather, the attending provider seemingly suggested he was intent on performing preoperative laboratory testing. There was no mention of the applicant's having suspected and/or occult hypothyroidism which would compel the T3 and T4 testing at issue. Therefore, the request was not medically necessary.

**Request for Free Testosterone Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** Finally, the request for free testosterone level was likewise not medically necessary, medically appropriate, or indicated here. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest considering an endocrine evaluation and/or testosterone levels in applicants who are using high-dose, long-term oral opioids or intrathecal opioids who exhibit signs or symptoms of hypogonadism, in this case, however, there was no mention of the applicant's having any signs or symptoms of hypogonadism evident on the July 17, 2014 office visit in question. On that date, the attending provider seemingly suggested that he was intent on pursuing laboratory testing as a precursor to knee arthroscopy procedure. There was no mention made of the applicant's having any issues with possible hypogonadism and/or hypothyroidism. Therefore, the request was not medically necessary.