

Case Number:	CM14-0189506		
Date Assigned:	11/21/2014	Date of Injury:	07/29/2000
Decision Date:	02/11/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family Practice 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 72 year old male with a date of injury on 7/29/2000 to his facial bones. The patient is diagnosed with essential hypertension. The patient was seen on August 5, 2014 at which time it is noted that he is feeling fairly well. He is being treated for atrial fibrillation by his cardiologists. RFA dated October 21, 2014 was for complete blood count, lipid panel, total T3, T4, T3 uptake, T3 free, free thyroxine, TSH, venipuncture, basic metabolic panel, hepatic functional panel, uric acid, GGTP, serum ferritin, vitamin D/25 hydroxy, Appolopoprotein A, Appolopoprotein B, glyco hemoglobin A-1 C, urine creatinine, urine microalburmin, M-mode & 2D echo with Doppler, ECG, rhythm ECG, total body plethamography, and Ramipril 10 mg b.i.d. #200. Utilization review was performed on November 3, 2014 at which time the following requests were approved: complete blood count, lipid panel, venipuncture, basic metabolic panel, hepatic functional panel, uric acid, Appolopoprotein A, Appolopoprotein B, urine creatinine, urine microalburmin, M-mode & 2D echo with Doppler, ECG, rhythm ECG, total body plethamography, and Ramipril 10 mg b.i.d. #200. The following requests were denied: total T3, T4, T3 uptake, T3 free, free thyroxine, TSH, GGTP, serum ferritin, vitamin D/25 hydroxy, glyco hemoglobin A-1 C, total body plethamography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Total T3, T4, T3 Uptake, T3 Free, Free thyroxine, TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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.endocrine.niddk.nih.gov/pubs/thyroidtests/index.aspx>

Decision rationale: As noted by the National Institutes of Health, thyroid function test are used to diagnose and help find the cause of thyroid disorders such as hyperthyroidism and hypothyroidism. The medical records submitted for review do not indicate evidence of thyroid dysfunction to support the request for diagnostic laboratory studies. In the absence of this information, the requested laboratory study is not medically necessary.

Lab: GGTP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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/003458.htm>

Decision rationale: As noted by the National Institutes of Health, GGTP test is used to detect diseases of the liver or bile ducts. It is also done with other tests (such as the ALT, ALP, and bilirubin tests) to tell the difference between liver or bile duct disorders and bone disease. It may also be done to screen for or monitor alcohol abuse. The patient's history and diagnoses supports the request for this laboratory study. Therefore, this request is medically necessary.

Lab: Serum Ferritin: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: www.nlm.nih.gov/medlineplus/ency/article/003490.htm

Decision rationale: As noted by the National Institutes of Health, serum ferritin levels measure the amount of iron stored in the body. The patient's age and diagnoses supports the medical necessity of this request to determine iron levels in this patient. Therefore, this request is medically necessary.

Lab: Vit D: 25 Hydroxy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice

Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery
in Workers Chronic Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin D and Other Medical Treatment Guideline or Medical Evidence:
www.nlm.nih.gov/medlineplus/ency/article/003569.htm

Decision rationale: According to the National Institute of Health, the 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body. The active form of vitamin D helps control calcium and phosphate levels in the body. As noted in the Official Disability Guidelines, per a report released by the Institute of Medicine, the positive effects of vitamin D haven't been nearly as clear-cut as advocates have suggested. In this case, the medical records submitted for review do not establish that there is concern for Vitamin D deficiency in this patient. As such, this request is not medically necessary.

Lab: Hemoglobin; Glycosylated (A1C): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Glucose monitoring

Decision rationale: According to Official Disability Guidelines, glucose monitoring is recommended. The Official Disability Guidelines recommends Glycosylated (A1C) monitoring. The patient is noted to be 72 year old male with hypertension. The request for Hemoglobin; Glycosylated (A1C) is medically necessary.

Total body plethysmography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Pulmonary function testing

Decision rationale: According to the Official Disability Guidelines, pulmonary function testing is separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75). The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Lung volumes can be assessed by traditional methods or by using plethysmography, requiring

the use of a body box. The latter test can also test for airflow resistance and conductance. In this case, the medical records submitted for review do not establish the medical necessity of this diagnostic test. Therefore, this request is not medically necessary.

Retrospective Ramipril 10mg #200 (DOS 8/5/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: www.drugs.com/ramipril.html

Decision rationale: According to the National Institute of Health, Ramipril is a medication that is used to treat hypertension. The patient is diagnosed with essential hypertension. The retrospective request for Ramipril 10mg #200 (DOS 8/5/14) is therefore medically necessary.