

Case Number:	CM14-0191505		
Date Assigned:	11/25/2014	Date of Injury:	01/14/2013
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Medicine and is licensed to practice in California and Texas. 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:

This is a 50 year old male patient who sustained a work related injury on 1/14/13. Patient sustained the injury when he was lifting heavy merchandises. The current diagnoses include umbilical hernia, status post umbilical hernia repair, erectile dysfunction and history of testicular cancer/left partial nephrectomy. Per the doctor's note dated 10/22/14, patient has complaints of periumbilical abdominal pain, erectile dysfunction and musculoskeletal pains. Physical examination revealed normal vitals, normal cardiovascular and respiratory examination, and surgical scars over abdomen from prior surgeries, small bulge just lateral to the right side of the umbilicus, small palpable bulge is approximately 1 to 1.5 cms in diameter and positive bowel sounds and normal sensory neurological examination and motor examination. The past medical history include testicular cancer, which had spread to his left kidney and abdominal lymph nodes. The medication lists include Viagra, Anaprox, Flonase, Vicodin and Prozac. The patient has had MRI studies of the right shoulder, neck and back He underwent left orchiectomy, partial left nephrectomy and lymph node resection. He had received chemotherapy and radiation therapy. The patient's surgical history include bilateral knee arthroscopy and right shoulder labral repair; left inguinal hernia repair on 2/6/13; umbilical hernia repair. He has had a urine drug toxicology report on 5/22/14. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count and complete metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.guideline.gov/content.aspx?id=15711&search-lipid+profile

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: The comprehensive metabolic panel, or chemical screen, (CMP; CPT code 80053) is a panel of 14 blood tests which serves as an initial broad medical screening tool. The CMP provides a check of kidney function, liver function, and electrolyte and fluid balance. A CMP (or BMP) can be ordered as part of a routine physical examination, or may be used to monitor a patient with a chronic disease. Per the cited guidelines, "Routine Suggested Monitoring: recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." The current diagnoses include umbilical hernia, status post umbilical hernia repair, erectile dysfunction and history of testicular cancer/left partial nephrectomy. The past medical history includes testicular cancer, which had spread to his left kidney and abdominal lymph nodes. He underwent left orchiectomy, partial left nephrectomy and lymph node resection. He had received chemotherapy and radiation therapy. The patient's surgical history includes bilateral knee arthroscopy and right shoulder labral repair; left inguinal hernia repair on 2/6/13; umbilical hernia repair. In this patient with a history of a significant previous condition, the tests including CBC and CMP (Complete blood count and complete metabolic panel) contribute to evaluate recurrence of the testicular cancer, side effects of chemotherapy, current kidney function in the context of a partial nephrectomy. Therefore, the blood tests including complete blood count and complete metabolic panel are medically necessary for this patient at this time.

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.guideline.gov/content.aspx?id=15711&search-lipid+profile

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: The current diagnoses include umbilical hernia, status post umbilical hernia repair, erectile dysfunction and history of testicular cancer/left partial nephrectomy. The past medical history includes testicular cancer, which had spread to his left kidney and abdominal lymph nodes. He underwent left orchiectomy, partial left nephrectomy and lymph node resection. He had received chemotherapy and radiation therapy. In the context of the history of a partial nephrectomy a urine analysis is medically appropriate and necessary. Therefore, the urinalysis is medically necessary for this patient at this time.

Thyroid stimulating hormone (TSH) level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.guideline.gov/content.aspx?id=15711&search-lipid+profile

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Per the doctor's note dated 10/22/14, physical examination revealed normal vitals, normal cardiovascular and respiratory examination and normal sensory neurological examination and motor examination. Any symptoms or signs suggestive of a thyroid disorder were not specified in the records provided. Evidence of previous thyroid pathology or a history of dyslipidemia, was not specified in the records provided. Previous lab reports were not specified in the records provided. The rationale for a Thyroid stimulating hormone (TSH) level was not specified in the records provided. The medical necessity of the Thyroid stimulating hormone (TSH) level was not fully established in this patient at this time.

Hemoglobin (Hgb) A1c blood test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.guideline.gov/content.aspx?id=15711&search-lipid+profile

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Per the doctor's note dated 10/22/14, physical examination revealed normal vitals, normal cardiovascular and respiratory examination and normal sensory neurological examination and motor examination. History or clinical evidence of diabetes was not specified in the records provided. Previous blood sugar levels were not specified in the records provided. Patient's medicine list does not include any anti-diabetic medication. The rationale for a Hemoglobin (Hgb) A1c blood test was not specified in the records provided. The medical necessity of the Hemoglobin (Hgb) A1c blood test was not fully established in this patient at this time.