

<b>Case Number:</b>	CM14-0201202		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 injured worker (IW) is a year-old man with a date of injury of November 4, 2013. The mechanism of injury occurred when a bundle of sleet weighing 2,000 pounds fell on his foot. He sustained injuries to his right leg, ankle and foot. The IW has been diagnosed with status post crush injury in the right lower leg; status post irrigation and debridement, flap reconstruction, repair of FDL and soleus muscle and split-thickness skin grafting in the right lower leg on November 5, 2013; status post irrigation and debridement of the right lower left on December 5, 2013; and status post split-thickness skin grafting in the right lower leg on December 9, 2013. He currently ambulates with a three-legged cane. Pursuant to the Primary Treating Physician's Progress Report dated November 7, 2014, the IW presents for a follow-up regarding his blood pressure and tachycardia. Objective documentation indicates blood pressure is improved with current medications. His heart rate is better with the additional of a beta-blocker. The IW denies chest pain, shortness of breath, dizziness or syncope. The documented diagnoses on the November 7, 2014 progress note are type II diabetes, essential hypertension, and sinus tachycardia. There is no diagnosis of thyroid issues. There is no physical examination in the medical record indicating tachycardia or hypertension. Vital signs, including blood pressure and heart rate were absent in the documentation. A qualified medical examination performed October 22, 2014 does not discuss any medical problems including diabetes, essential hypertension and sinus tachycardia. Treatment plan recommendations advised the IW to follow a low fat, sodium, cholesterol and ADA 1800 caloric diet. The treatment plan indicated the IW needs blood tests and urine albumin. He also needs a chest x-ray and EKG for sinus tachycardia and hypertension to rule out cardiomegaly. The current request is for EKG, CHP/CMP, TSH, HgbA1C, chest x-ray, and urine microalbumin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.webmd.com/heart-disease/electrocardiogram](http://www.webmd.com/heart-disease/electrocardiogram)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment, History and Physical Page(s): 5.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, electrocardiogram is not medically necessary. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and understand/observe pain behavior. The history and physical examination serve to establish reassurance and patient confidence. Diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the injured worker's diagnoses are status post crush injury in the right lower leg; status post irrigation and debridement, flap reconstruction, repair of FDL and soleus muscle and split thickness skin grafting in the right lower leg on November 5, 2013; status post irrigation debridement of the right lower leg on December 5, 2013; status post-split thickness skin grafting in the right lower leg on December 9, 2013. A progress note dated November 7, 2014 by the primary treating physician indicates this is a follow-up for blood pressure and tachycardia. There is no progress note in the medical record preceding this note. Objective findings indicate BP improved with current medication and the heart rate is better after adding a beta blocker. There is no physical examination in the medical record indicating tachycardia or hypertension. The diagnoses listed on the November 7, 2014 progress note are type II diabetes; essential hypertension; and sinus tachycardia. There is no diagnosis of thyroid issues. The documentation does not provide a causal relationship between any of the aforementioned diagnoses diabetes mellitus, essential hypertension or sinus tachycardia. The work injuries are enumerated above. A qualified medical examination performed October 22, 2014 does not discuss any medical problems including diabetes, essential hypertension and sinus tachycardia. Diagnostic studies should be ordered in this context and not simply for screening purposes. Consequently, absent the appropriate clinical documentation establishing a causal relationship and clinical rationale between diabetes, essential hypertension and sinus tachycardia and a physical examination, an electrocardiogram is not medically necessary.

### **CHP/CMP TSH HgbA1c: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation [labtestsonline.org/understanding/analyses/a1c/lab/glance](http://labtestsonline.org/understanding/analyses/a1c/lab/glance)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment, History and Physical Page(s): 5.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, CHP/CMP, TSH, Hgb A1C is not medically necessary. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and understand/observe pain behavior. The history and physical examination serve to establish reassurance and patient confidence. Diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the injured worker's diagnoses are status post crush injury in the right lower leg; status post irrigation and debridement, flap reconstruction, repair of FDL and soleus muscle and split thickness skin grafting in the right lower leg on November 5, 2013; status post irrigation debridement of the right lower leg on December 5, 2013; status post-split thickness skin grafting in the right lower leg on December 9, 2013. A progress note dated November 7, 2014 by the primary treating physician indicates this is a follow-up for blood pressure and tachycardia. There is no progress note in the medical record preceding this note. There is no physical examination in the medical record indicating tachycardia or hypertension. Objective findings indicate BP improved with current medication and the heart rate is better after adding a beta blocker. The diagnoses listed on the November 7, 2014 progress note are type II diabetes; essential hypertension; and sinus tachycardia. There is no thyroid disorder noted. The documentation does not provide a causal relationship between any of the aforementioned diagnoses diabetes mellitus, essential hypertension or sinus tachycardia. The work injuries are enumerated above. A qualified medical examination performed October 22, 2014 does not discuss any medical problems including diabetes, essential hypertension and sinus tachycardia. Diagnostic studies should be ordered in this context and not simply for screening purposes. Consequently, absent the appropriate clinical documentation establishing a causal relationship between diabetes, essential hypertension and sinus tachycardia and a physical examination, a CHP/CMP, TSH, Hgb A1C is not medically necessary.

**Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.acr.org/media/ACR/documents](http://www.acr.org/media/ACR/documents), American College of Radiology, ACR appropriateness Criteria

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment, History and Physical Page(s): 5.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, a chest x-ray is not medically necessary. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and understand/observe pain behavior. The history and physical

examination serve to establish reassurance and patient confidence. Diagnostic study should be ordered in this context and not simply for screening purposes. In this case, the injured worker's diagnoses are status post crush injury in the right lower leg; status post irrigation and debridement, flap reconstruction, repair of FDL and soleus muscle and split thickness skin grafting in the right lower leg on November 5, 2013; status post irrigation debridement of the right lower leg on December 5, 2013; status post-split thickness skin grafting in the right lower leg on December 9, 2013. A progress note dated November 7, 2014 by the primary treating physician indicates this is a follow-up for blood pressure and tachycardia. There is no progress note in the medical record preceding this note. There is no physical examination in the medical record indicating tachycardia or hypertension. Objective findings indicate BP improved with current medication and the heart rate is better after adding a beta blocker. The diagnoses listed on the November 7, 2014 progress note or type II diabetes; essential hypertension; and sinus tachycardia. The documentation does not provide a causal relationship between any of the aforementioned diagnoses diabetes mellitus, essential hypertension or sinus tachycardia. The work injuries are enumerated above. A qualified medical examination performed October 22, 2014 does not discuss any medical problems including diabetes, essential hypertension and sinus tachycardia. Diagnostic studies should be ordered in this context and not simply for screening purposes. Consequently, absent the appropriate clinical documentation establishing a causal relationship between diabetes, essential hypertension and sinus tachycardia and a physical examination, a chest x-ray is not medically necessary.

**Urine Micro-albumin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.org](http://www.labtestsonline.org)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment, History and Physical Page(s): 5.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, urine micro-albumin is not medically necessary. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and understand/observe pain behavior. The history and physical examination serve to establish reassurance and patient confidence. Diagnostic study should be ordered in this context and not simply for screening purposes. In this case the injured worker's diagnoses are status post crush injury in the right lower leg; status post irrigation and debridement, flap reconstruction, repair of FDL and soleus muscle and split thickness skin grafting in the right lower leg on November 5, 2013; status post irrigation debridement of the right lower leg on December 5, 2013; status post-split thickness skin grafting in the right lower leg on December 9, 2013. A progress note dated November 7, 2014 by the primary treating physician indicates this is a follow-up for blood pressure and tachycardia. There is no progress note in the medical record preceding this note. There is no physical examination in the medical record indicating tachycardia or hypertension. Objective findings indicate BP improved with current medication and the heart rate is better after adding a beta blocker. The diagnoses listed on

the November 7, 2014 progress note or type II diabetes; essential hypertension; and sinus tachycardia. The documentation does not provide a causal relationship between any of the aforementioned diagnoses diabetes mellitus, essential hypertension or sinus tachycardia. The work injuries are enumerated above. A qualified medical examination performed October 22, 2014 does not discuss any medical problems including diabetes, essential hypertension and sinus tachycardia. Diagnostic studies should be ordered in this context and not simply for screening purposes. Consequently, absent the appropriate clinical documentation establishing a causal relationship between diabetes, essential hypertension and sinus tachycardia and a physical examination, a urine micro-albumin is not medically necessary.