MAXIMUS Federal Services

Case Number:	CM14-0218844		
Date Assigned:	01/08/2015	Date of Injury:	12/08/1998
Decision Date:	04/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 68 year old male sustained a work related injury on 12/08/1998. According to a progress report dated 05/21/2014, the injured worker was being evaluated and treated for multiple industrially related problems including asymptomatic coronary artery disease, hypertensive cardiovascular disease (hypertensive heart disease), esophageal reflux with Barrett's esophagus and diabetes mellitus type 2. A treadmill test was carried out. Oxygen saturation was 99 percent on room air with exercise. Laboratory test revealed a slightly reduced red blood cell count. Hemoglobin and Hematocrit was no lower than they had been on prior examinations and were being monitored for this by his regular health care provider. White blood cell count remained normal. Creatinine was elevated. Blood urea nitrogen was 28 (normal up to 26) where those had been previously normal. His chemistries were otherwise normal. A1C hemoglobin indicated that his diabetes was not well controlled. A urine microalbumin to creatinine was normal. Blood work done on 07/24/2014 indicated lower hemoglobin, hematocrit and red blood cell count and higher lipid values and more specifically his blood urea nitrogen. His creatinine indicated some improvement. According to the provider the injured worker would undergo comprehensive examination including electrocardiogram, spirometry, and complete blood work up, urinalysis and resting echocardiogram when he returned. The provider noted that the resting echocardiogram was being requested because the injured worker clearly had evidence of hypertensive heart disease. There was a question electrocardiographically of whether or not he had a prior myocardial infarction although prior echocardiograms did not show wall motion abnormalities. On his last echocardiogram, he had left ventricular hypertrophy, left atrial

enlargement and diastolic dysfunction. It was noted that it would be appropriate to repeat each study and determine whether or not there are further changes referable to his underlying hypertensive heart disease. On 12/03/2014, Utilization Review non-certified resting echocardiogram, urinalysis, comprehensive exam, spirometry and complete blood workup. According to the Utilization Review physician, in regard to resting echocardiogram, the indication for repeat testing, given the benign findings of the 05/21/2014 resting echocardiogram is not clear and guidelines would not support a repeat echocardiogram in this clinical scenario. In regards to a urinalysis, a progress note of 05/21/2014 mentions slightly decreased renal function with a creatinine of 1.4. However, the note mentioned that the injured worker's physician at another office was following his renal status. In regards to spirometry, the indication for this test was not stated. In regards to complete blood workup, the indication for the test was not stated. In regards to a comprehensive exam, it was not supported since the injured worker was followed by his primary care physician. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resting Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://content.onlinejacc.org/article.aspx?articleid=1144231.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011. | Chapter 55 Echocardiography.

Decision rationale: There are no MTUS, ACOEM or ODG guidelines for the frequency of echocardiogram repeat examinations. There is no documented change in the clinical exam or symptoms. He just had an echocardiogram on 05/21/2014. Routine repeat echocardiograms annually are not a standard o care and he just had one on 05/21/2014. The requested echocardiogram is not medically necessary based on the documentation provided for review.

Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011. | Chapter 12 Comprehensive Chronic Disease Management.

Decision rationale: There are no MTUS, ACOEM or ODG guidelines for the frequency of a urine analysis. The request is not for a urine drug test but for a routine urine analysis. The patient has a private physician who follows his renal function. He just had a urine evaluation on

05/21/2014 and it is unclear when he had the last renal function and urine analysis with the private physician. There are no acute urinary symptoms documented. The requested urine analysis is not medically necessary based on the documentation provided for review.

Comprehensive Exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011. | Chapter 12 Comprehensive Chronic Disease Management.

Decision rationale: MTUS, ACOEM and ODG are silent on this requested service. He recently had an annual physical exam on 05/21/2014. There are no acute symptoms or physical findings noted that require a comprehensive examination at this time. Also, he had private physicians following him and it is unclear when he was provided with this service by his other physicians. The comprehensive examination is not medically necessary base on the documentation provided for review.

Spinometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Primary Care Respiratory Journal (2009); 18(3); 130-147, http://www.thepcrj.org/journ/vol18/18_3_130_147.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fishman AP, Editor in Chief. Fishman's Pulmonary Diseases and Disorders, 4th Edition. 2008. | Pulmonary function Tests.

Decision rationale: MTUS, ACOEM and ODG do not address the required frequency of spirometry testing. He just had spirometry on 05/21/2014. There is no documentation of a change in symptoms or physical exam that mandate spirometry at this time. Also, the patient has other physicians following him and it is unclear if and when they provided similar services. The requested spirometry is not medically necessary based on the documentation provided for review.

Complete Blood Workshop: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011. | Chapter 132 Chronic Renal Disease and Chapter 161 Approach to Anemia.

Decision rationale: MTUS, ACOEM and ODG guidelines are silent on this topic. The patient had a complete blood workup in 05/2014 and 07/2014 and there is no documentation of any change in symptoms or physical examination. The main abnormality if the creatinine of 1.4 that is being followed by another physician and it is unclear when he last had blood testing by the other physician. Renal follow-up for chronic renal disease would include a CBC, electrolytes and renal function and urine testing. The requested service is not medically necessary based on the documentation provided for review.