

Case Number:	CM15-0007704		
Date Assigned:	01/26/2015	Date of Injury:	04/11/2011
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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, Ohio, 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 [REDACTED] employee who has filed a claim for ankle and shoulder pain reportedly associated with an industrial of October 11, 2013. In a Utilization Review Report dated December 7, 2014, the claims administrator failed to approve a request for an initial visit, followup visit, an EKG, laboratory testing, a chest x-ray, and a review of records. The claims administrator referenced a November 18, 2014 RFA form in its determination. In a Doctor's First Report (DFR) dated November 3, 2014, the applicant presented with primary complaints of left ankle and right shoulder pain. The attending provider wrote in one section of the note "deep venous thrombosis, internal," but did not elaborate further. It was not clearly stated whether the applicant had an active DVT or a current DVT, although an attachment to the report seemingly suggested, admittedly through preprinted checkboxes, that the applicant had a history of deep venous thrombosis. An EKG, urine dipstick, CBC, chem-19 panel, and blood testing were endorsed, with little-to-no narrative commentary. The attending provider reported that the applicant previously developed deep venous thrombosis was, in fact, traumatic and/or industrial. In an earlier note dated June 5, 2014, the applicant was placed off of work, on total temporary disability. The applicant is apparently asked to discontinue Coumadin as of that point in time. It was suggested that the applicant had developed issues with bleeding brought on by usage of Coumadin for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: No, the request for an initial visit was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, it was not clearly stated what the purpose of the initial visit was. It is not clear what treatment, treatments, or services were rendered on the November 13, 2014 office visit at issue. It was not clearly stated what issue or issues the primary treating provider (PTP) was uncomfortable treating and/or addressing so as to compel a consultation and/or initial office visit with the secondary treating provider. The applicant was seemingly several months removed from the development of the DVT and had, furthermore, reportedly ceased usage of Coumadin as of the November 13, 2014 office visit at issue. Therefore, the request was not medically necessary.

ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (www.odg-twc.com)

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: Medscape, Electrocardiography Article, Ethan Levine, DO.

Decision rationale: Similarly, the proposed EKG was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While Medscape acknowledges that EKGs are routine in the evaluation of applicants with implanted defibrillators, pacemakers, and can be employed to detect myocardial infarction and/or ischemia, in this case, however, there is no mention of the applicant's having issues with the ischemia, previous myocardial injury, etc. There is no mention of the applicant's having an indwelling defibrillator and/or pacemaker. No rationale for the proposed EKG was furnished by the attending provider on November 13, 2014 office visit. Rather, it appeared that just another test is being ordered for routine or evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

Urine Dipstick: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Algorithm 12-1, page 311.

Decision rationale: Similarly, the urine dipstick was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 1, page 311 does acknowledge that a CBC, ESR, and U/A are recommended in applicants who had red flags for cancer and/or infection, in this case, however, there is no mention of the applicant's having any suspected issues with infection and/or cancer. No rationale was furnished for the proposed urine dipstick, which was seemingly ordered in conjunction with several other tests, with no clear rationale for the same. Therefore, the request was not medically necessary.

Venipuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (www.odg-twc.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List And Adverse Effects Page(s): 70.

Decision rationale: Similarly, the request for venipuncture was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanies the request for laboratory testing below, in question #7. Since that was deemed not medically necessary, the derivative or companion request for an associated venipuncture fee was likewise not medically necessary.

Glucose-Reagent Strip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine

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

Decision rationale: Similarly, the request for a glucose-reagent strip (AKA random glucose test) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for diabetes and/or other comorbid conditions is recommended in individuals with suspected medical comorbidities, in this case, however, as with the other request, the attending provider did not furnish a rationale for the glucose-reagent strip testing at issue. Rather, this and other tests were seemingly performed on a routine and rather indiscriminant basis, with no clear statement of what was suspected, what the purpose of the testing in question was, and/or how the attending provider intended to act on the results of the tests at issue. Therefore, the request was not medically necessary.

Follow-up Visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Similarly, the proposed followup visit is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent followup visits are often warranted for monitoring purposes, in order to provide instruction and reassurance even in those individuals whose conditions are not expected to change basically from week to week, in this case, however, the requesting provider did not furnish a rationale for the proposed followup visit. The followup visit seemingly represented a vehicle through which the attending provider intended to discuss the results of the laboratory testing proposed above. Since those requests were deemed not medically necessary, however, the derivative or companion request for an associated followup visit is likewise not medically necessary.

Lab Work: CBC/SMA-19/SED Rate, Thyroid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: The request for labs work to include a CBC, FMA/19, sed rate, and thyroid panel was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested monitoring in applicant's using NSAIDs includes periodic assessment of a CBC and chemistry profile to include liver and renal function testing, in this case, however, the November 13, 2014 progress note did not contain any reference as to what medication or medications the applicant was or was not using. As of the other diagnostic test, it was not clearly stated for what purpose the CBC and FMA/19 were intended. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 208 states that test for autoimmune diseases such as the ESR and CBC at issue should be used to confirm clinical impressions, rather than purely a screening test in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints. Here, the attending provider ordered multiple diagnostic studies, with no clear statement what was suspected. No clear diagnosis list or differential diagnosis list was formulated by the requesting provider. It was not clearly stated what was sought. It was not clear stated what was suspected. The routine ordering of multiple diagnostic tests in a "shotgun" approach is not recommended, per ACOEM. Therefore, the request was not medically necessary.

Peripheral Venous Profile Lower: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine

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: Medscape, Imaging and Deep Venous Thrombosis of the Lower Extremity, Eric Hoffer, MD.

Decision rationale: The request for a peripheral venous profile lower was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The request appears to represent a request for an ultrasound of the lower extremities. While Medscape acknowledged that ultrasonography is the current first line imaging examination for deep venous thrombosis because of its relative ease of use, in this case, however, the applicant was several months removed from development of a DVT. The applicant already ceased usage of Coumadin. It was not clearly stated why, how, and/or if a repeat or recurrent DVT was suspected here. Therefore, a request for a peripheral venous profile-lower was 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 Standard textbooks of medicine

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: American College of Radiology (ACR), Practice Parameter for the Performance of Chest Radiography, amended 2014.

Decision rationale: Similarly, the proposed the chest x-ray was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for chest radiography include the evaluation of signs and symptoms of diseases related to the respiratory, cardiovascular, upper GI symptoms, and musculoskeletal system of thorax, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated for what purpose the chest x-ray at issue was sought. Therefore, the request was not medically necessary.

Review of records, material safety data sheets and/or scientific literature, if applicable, for purpose of completing narrative report: 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 Assessment Approaches Page(s): 6.

Decision rationale: The request for a review of records, material safety data sheets, and/or scientific literature for the purpose of completing a narrative report was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, thorough history taking is always important in the clinical assessment and treatment planning and includes the review of medical records. Here, the requesting provider did not clearly state why he cannot review the necessary records as part and parcel of the initial evaluation. The requesting provider did not, furthermore, state why he needs the review material safety data sheets and/or review the scientific literature to complete his report. Little-to-no narrative commentary was attached to the request for authorization. Therefore, the request was not medically necessary.