

<b>Case Number:</b>	CM15-0198196		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: New York  
 Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 51 year old male, who sustained an industrial injury on 5-17-12. He reported suffering an electrical injury. The injured worker was diagnosed as having hypertension and chest pain. Treatment to date has included cardioversion due to atrial fibrillation in October 2014 and medication including Diltiazem, Aspirin, Ambien, Cetirizine, and Motrin. Physical examination findings on 8-19-15 included a regular heart rate and rhythm with no rubs or gallops. The lungs were clear to auscultation and the abdomen with soft with positive bowel sounds. On 8-19-15, the injured worker complained of fatigue, shortness of breath, gastric complaints, and chest tingling over the heart, abdomen, thighs, feet, arms, and hands. On 8-19-15 the treating physician requested authorization for a HTN profile (urine, microalbumin, CMPR, CBC with diff, TSH, T3, T4, lipid, CMP and CBC), a body composition study, EKG, ICG, a 2D echo, a carotid study, cardio-respiratory testing, Labs, and urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HTN Profile (urine microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid, CMP and CBC): 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 National Guideline Clearinghouse - Medical management of adults with hypertension.

**Decision rationale:** According to the guideline, interventions and practices considered for hypertensive patients include a preliminary evaluation including a history, physical examination and laboratory tests (potassium, creatinine, glucose, hematocrit, calcium, sodium, urinalysis, lipid panel, electrocardiogram [EKG]). The documentation noted that the IW was under the care of a cardiologist for some time and the testing done by that specialist was not included for review. Without prior testing the necessity of the testing requested is unable to be determined as the IW may have already had the evaluation completed. As such, the request is not medically necessary and appropriate.

**Body composition study:** 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 uptodate.com - Determining body composition in adults.

**Decision rationale:** Per uptodate.com, body composition measurements may be useful for evaluating undernourished or overweight patients, and for identifying patients who do not have an increase in overall body fat but who have an increase in visceral fat. This latter circumstance is associated with a substantially increased risk of heart disease and diabetes. Careful measurement of waist circumference, height, weight, and calculation of body mass index (BMI) are the minimal measurements needed to begin evaluation of overweight patients. The documentation notes height and weight only. In the documentation it is noted that the IW had gained 10 pounds since his injury. This correlated to a BMI gain of 1.3 which is not a significant change. It is unclear what the body composition study would offer to the management of this patient especially as he is already under the management of a cardiologist. The request is not medically necessary and appropriate.

**EKG:** 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 National Guideline Clearinghouse - Medical management of adults with hypertension.

**Decision rationale:** According to the guideline, interventions and practices considered for hypertensive patients include a preliminary evaluation including a history, physical examination and laboratory tests (potassium, creatinine, glucose, hematocrit, calcium, sodium, urinalysis, lipid panel, electrocardiogram [EKG]). The documentation noted that the IW was under the care of a cardiologist for some time and the testing done by that specialist was not included for review. There is notation that the IW had undergone numerous EKG's in the past and the rationale for repeat testing was not indicated. As such, the request is not medically necessary and appropriate.

**ICG:** 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 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2720805/>- Correlation of Impedance Cardiography with Invasive Hemodynamic Measurements in Patients with Advanced Heart Failure: the Bio-Impedance CardioGraphy (BIG) Substudy of the ESCAPE Trial.

**Decision rationale:** The use of Impedance Cardiography (ICG) is not standard in current medical practice. The study noted indicates that ICG is used primarily with advanced heart failure patients that cannot tolerate more invasive techniques. The IW has a history of hypertension and chest pain but not heart failure and is not on medications for treatment of heart failure. The request is not medically necessary and appropriate.

**2D Echo:** 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 National Guideline Clearinghouse - Medical management of adults with hypertension.

**Decision rationale:** According to the guideline, interventions and practices considered for hypertensive patients include a preliminary evaluation including a history, physical examination and laboratory tests (potassium, creatinine, glucose, hematocrit, calcium, sodium, urinalysis, lipid panel, electrocardiogram [EKG]). The documentation noted that the IW was under the care of a cardiologist for some time and the testing done by that specialist was not included for review. Without the results of prior testing by the cardiologist the necessity of the testing requested is unable to be determined as the IW may have already had the evaluation completed. As such, the request is not medically necessary and appropriate.

**Carotid ultrasound:** 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 [uptodate.com](http://uptodate.com) - Evaluation of carotid artery stenosis.

**Decision rationale:** Per UpToDate.com carotid duplex ultrasound (CDUS) is a non-invasive, safe, and relatively inexpensive technique for evaluation of the carotid arteries. It is 81 to 98 percent sensitive and 82 to 89 percent specific in detecting a significant stenosis of the internal carotid artery. The documentation does not indicate a carotid bruit or symptoms of carotid insufficiency that would require imaging. The request is not medically necessary and appropriate.

**Cardio-respiratory testing:** 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 uptodate.com - Functional exercise testing.

**Decision rationale:** Per uptodate.com the American College of Cardiology/American Heart Association (ACC/AHA) Update of Practice Guidelines for Exercise Testing, published in 2002, list the following indications for ordering a functional Vo2 exercise test. 1. Evaluation of exercise capacity and response to therapy in patients with heart failure (HF) who are being considered for heart transplantation. 2. Assistance in the differentiation of cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea or impaired exercise capacity when the cause is uncertain. 3. Evaluation of exercise capacity when indicated for medical reasons in patients in whom the estimates of exercise capacity from exercise test time or work rate are unreliable. The documentation does not indicate any concerns that the IW was being considered for heart transplant nor had the IW undergone any other testing with regards to exercise capacity. The IW did complain of dyspnea however the physical examination was normal and basic pulmonary function tests had not been done. The request is not medically necessary and appropriate.

**Labs:** 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 National Guideline Clearinghouse - Medical management of adults with hypertension.

**Decision rationale:** According to the guideline, interventions and practices considered for hypertensive patients include a preliminary evaluation including a history, physical examination and laboratory tests (potassium, creatinine, glucose, hematocrit, calcium, sodium, urinalysis, lipid panel, electrocardiogram [EKG]). The documentation noted that the IW was under the care of a cardiologist for some time and the testing done by that specialist was not included for review. Without prior testing the necessity of the testing requested is unable to be determined as the IW may have already had the evaluation completed. Additionally, this request does not delineate what other labs are being requested and blanket consent for laboratory evaluation is not appropriate. As such, the request is not medically necessary and appropriate.

**Utox:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

**Decision rationale:** Per MTUS guidelines urine toxicology is recommended for evaluation of use of illegal substances especially when opioid medications are being used or are being considered for treatment. The documentation notes that the IW does not have a history of drug abuse, there is no concern of behaviors indicating possible drug abuse and opioids were not considered for treatment of the patient. The request is not medically necessary and appropriate.