

Case Number:	CM15-0218358		
Date Assigned:	11/10/2015	Date of Injury:	04/07/2011
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on April 7, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having migraine headache, knee pain, post laminectomy syndrome cervical and myofascial pain syndrome. Treatment to date has included diagnostic studies, surgery, medication, Botox injections, activity modification, knee brace and cane. On October 12, 2015, the injured worker complained of knee pain with radiation to the thigh. The pain was described as moderate to severe with profound limitations. Associated symptoms included right knee giving out, numbness traveling down the leg and gluteal pain which travels down to the right leg. On the day of exam, her current medication regimen included Xanax, Duexis, glucosamine, Forteo, levothyroxine and Vicodin. The treatment plan included continuation of Xanax, continuation of levothyroxine, cane, continuation of Forteo device, continuation of Vitamin D3 tablet, MRI of the lumbar spine without contrast, lab-TSH with reflex T4, lab-Thyroid Stimulating Hormone (TSH) and a follow-up visit. On October 27, 2015, utilization review denied labs-TSH with reflex T4 and Thyroid Stimulating Hormone (TSH).

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: TSH with reflex T4 and Thyroid Stimulating Hormone (TSH): Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypothyroidism: An Update DAVID Y. GAITONDE, MD; KEVIN D. ROWLEY, DO; and LORI B. SWEENEY, MD, Dwight D. Eisenhower Army Medical Center, Fort Gordon, Georgia Am Fam Physician. 2012 Aug 1;86(3):244-251.

Decision rationale: According to the referenced literature, subclinical hypothyroidism is common in adults. In this case, the claimant is being treated for hypothyroidism with Synthroid. The claimant has been on the medications for months. There is no mention of recent testing. TSH testing is appropriate to assure the proper amount of medications are provided. Since levels can alter with age and other medications, the request to monitor TSH is medically necessary.