MAXIMUS Federal Services

Case Number:	CM15-0030624		
Date Assigned:	02/24/2015	Date of Injury:	02/20/2000
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 66-year-old female, who sustained an industrial injury on 02/20/2000. The mechanism and nature of the injury is uncertain. The injured worker was diagnosed with hypertension and atrial fibrillation. Treatment to date has included Enalapril and Dilatiazem medication. In a progress note dated 09/09/2014, the injured worker's physical examination was within normal limits. Blood pressure was slightly elevated. Requests for authorization of multiple lab and diagnostic studies were made. There was no documentation in the medical record that pertains to the current treatment request. On 02/10/2015, Utilization Review non-certified requests for serum ferritin, vitamin D 25 hydroxy, apolipoprotein A, B, glycol hgb A1C, urine creatinine, urine microalbumin, M-mode 2D echocardiogram with electrocardiogram and rhythm electrocardiogram. Labtestsonline and cigna guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Ferritin: 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.labtestonline.org/.

Decision rationale: According to http://www.labtestonline.org/, testing serum ferritin is indicated in case of abnormal iron metabolism or in case of work up for anemia. There is no recent documentation of GI bleed, or abnormal liver function requiring ferritin testing. Therefore, the request is not medically necessary.

Vitamin D 25 hydroxy: 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.labtestonline.org/.

Decision rationale: According to http://www.labtestonline.org/ Vitamin D 25 hydroxy testing is indicated in case of suspicion of abnormal vitamin D metabolism. As per the patient file, there is no documentation or clinical signs suggestive of abnormal Vitamin D metabolism. Therefore, the request is not medically necessary.

Apolipoprotein A & B: 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.labtestonline.org/.

Decision rationale: According to labtestonline, Apolipoprotein A & B testing is indicated in case of abnormal lipid metabolism. There is no documentation of abnormal lipid profile in this case. The request is not medically necessary.

Glycohemoglobin A1C: 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.labtestonline.org/.

Decision rationale: According to labtestonline, hemoglobin A1C testing is indicated in case of abnormal glucose control. There is no documentation of diabetes in this case. The request is not medically necessary.

Urine Creatinine: 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.labtestonline.org/.

Decision rationale: According to labtestonline, urine creatinine testing is indicated in case of renal dysfunction. There is no documentation of renal dysfunction in this case. The request is not medically necessary.

Urine Microalbumin: 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 Official Disability Guidelines (ODG) http://www.labtestonline.org/.

Decision rationale: According to labtestonline, urine microalbumin testing is indicated in case of renal dysfunction. There is no documentation of renal dysfunction in this case. The request is not medically necessary.

M-Mode 2D Echo with Electrocardiogram: 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://emedicine.medscape.com/article/1820912-overview.

Decision rationale: According to Medscape guidelines, echocardiography is indicated in case of cardiomyopathy and other cardiac conditions. There is no documentation of any cardiac issues in the patient file and the need for echocardiogram is unclear. Therefore, the request for Echocardiogram is not medically necessary.

Rhythm ECG: 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 Electrocardiography http://emedicine.medscape.com/article/1894014-overview.

Decision rationale: According to Medscape, ECG is indicated in case of arrhythmia or cardiac dysfunction. There is no documentation of cardiac dysfunction in this patient. Therefore, the request is not medically necessary.