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| <b>Case Number:</b>   | CM15-0050022 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 10/01/1978 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67-year-old male, who sustained an industrial injury on October 1, 1978. The injured worker had reported having been exposed to asbestos. The diagnoses have included asbestos exposure, chemical exposure, shortness of breath and a respiratory abnormality unspecified. Treatment to date has included radiological studies. Current documentation dated February 3, 2015 notes that the injured worker had some chest changes. Objective findings were not legible. The treating physician's plan of care included continue present treatment and a request for an electrocardiogram, urinalysis and venipuncture for labs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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://www.aafp.org/afp/2000/0201/p884.html>.

**Decision rationale:** Regarding the request for EKG, California MTUS and ODG do not address the issue. The AAFP supports ambulatory ECG for various indications including: for the evaluation of symptoms of cardiac arrhythmias; for risk assessment in patients who have sustained a myocardial infarction, have congestive heart failure (CHF) or have hypertrophic cardiomyopathy; for the evaluation of antiarrhythmic therapy, or pacemaker or implantable cardioverter-defibrillator function; and for the evaluation of possible myocardial ischemia. Within the documentation available for review, none of the indications above have been noted and no other clear rationale for the study has been presented. In light of the above issues, the currently requested EKG is not medically necessary.

**Urinalysis:** 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://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

**Decision rationale:** Regarding the request for urinalysis, CA MTUS and ODG do not address the issue. Other guidelines identify that it may be part of a wellness exam, a new pregnancy evaluation, or a work-up for a planned surgery. A urinalysis will most likely be performed when a person sees a health care provider complaining of symptoms of a UTI or other urinary system problem such as kidney disease. Within the documentation available for review, none of the above have been noted and no other clear rationale for urinalysis has been presented. In light of the above issues, the currently requested urinalysis is not medically necessary.

**Venipuncture:** 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 x Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/cbc/tab/test>,  
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>,  
<http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

**Decision rationale:** Regarding the request for venipuncture, California MTUS and ODG do not address the issue. Within the documentation available for review, there is no indication of the specific lab testing needed for this patient and, subsequently, the need for venipuncture in order to perform said testing. In light of the above issues, the currently requested venipuncture is not medically necessary.