

Case Number:	CM15-0053634		
Date Assigned:	03/27/2015	Date of Injury:	11/28/1988
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 injured worker is a 67-year-old male, with a reported date of injury of 11/28/1988. The diagnoses include atrial fibrillation and angina. Treatments to date have included chest x-rays, an exercise stress test, a stress echocardiogram, and EKG, and oral medications. The progress report dated 03/14/2013 indicates that the injured worker had coronary artery disease with prior heart attack and associated chronic atrial fibrillation, with limited tendency to angina. The physical examination showed controlled atrial fibrillation, no murmurs, clear lungs, and no swelling in the extremities. The treating physician recommended a heart catheterization and coronary angiography. The treating physician requested blood test and one spirometry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Test (Ultra Sensitive, CRP, Apolioprotein A1/B, freeT-3, FT-4, SED rate, total PSA, Vit D,): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 28.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Blood Test (Ultra Sensitive, CRP, Apolioprotein A1/B, freeT-3, FT-4, SED rate, total PSA, Vit D,) The above tests are usually done for disease conditions in the general population, not related to work, except in very rare circumstances. The records reviewed do not include enough information to establish the work-relatedness of the conditions being evaluated. The MTUS states, "It is critical for the occupational health practitioner to obtain an accurate and complete yet focused picture of the patient's work situation, essential job functions, hobbies, and home activities and the possible work-relatedness of the patient's health concern. This is important in order to obtain an accurate diagnosis, to prevent delayed recovery and recurrences, and to determine compensability or liability."

Spirometry: 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 Pulmonary (Acute & Chronic) Pulmonary function testing.

Decision rationale: The injured worker sustained a work related injury on 11/28/1988. The medical records provided indicate the diagnosis of atrial fibrillation and angina. Treatments have included oral medications. The medical records provided for review do not indicate a medical necessity for Spirometry. Spirometry is a test that is usually done to determine the functioning of the lungs. The MTUS is silent on the test, but the Official Disability Guidelines recommends it for asthma, other lung diseases, and in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. The records reviewed do not indicate the injured worker belongs to any of the listed groups.