

Case Number:	CM15-0054047		
Date Assigned:	03/27/2015	Date of Injury:	09/20/2006
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, New York
Certification(s)/Specialty: 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 31 year old male who sustained a work related injury on September 20, 2006, while lifting a weight bench. He was diagnosed with tendonitis of the left wrist and hypertension (HTN) triggered by the industrial injury. Treatments include cortisone injection, physical therapy, home exercise program, ice application, surgical interventions, casting, anti-inflammatory drugs and pain medications. The treatment plan that was requested for authorization included laboratory studies, Hemoglobin A1C, lipid panel and a complete metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemoglobin A1c test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Diabetes chapter, glucose monitoring.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, hemoglobin A-1 C is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnosis is chronic left wrist pain status post multiple surgeries, the last one October 16, 2014. The documentation in the medical record consists of the secondary treating physician (family practice) progress notes. There are no primary care physician progress notes in the medical record. Subjectively, pursuant to a January 28, 2015 progress note, the injured worker was last seen on September 11, 2013. The patient presents for reevaluation of elevated blood pressure. The injured worker reportedly has a consistently elevated blood pressure. There are no complaints of chest pain, shortness of breath, shortness of breath with exertion, orthopnea, palpitations, nausea or vomiting. There were no complaints were comorbid conditions consisting of diabetes mellitus or hyperlipidemia. Objectively, blood pressure was 136/91, heart rate 79 and respirations of 20. There is no heart examination, lung examination, or cardiovascular examination in the medical record. There are no clinical progress notes from the primary treating physician to indicate whether these medical problems are being treated. Additionally, there is no causal relationship between ordering a hemoglobin A-1 C and the work related injuries. Consequently, absent clinical documentation with evidence of diabetes mellitus (and following hemoglobin A-1 C), with a clinical indication and rationale for a hemoglobin A-1 C, hemoglobin A-1 C is not medically necessary.

Lipid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare NCD for lipid testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, lipid panel is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnosis is chronic left wrist pain status post multiple surgeries, the last one October 16, 2014. The documentation in the medical record consists of the secondary treating physician (family practice) progress notes. There are no primary care physician progress notes in the medical record. Subjectively, pursuant to a January 28, 2015 progress note, the injured

worker was last seen on September 11, 2013. The patient presents for reevaluation of elevated blood pressure. The injured worker reportedly has a consistently elevated blood pressure. There are no complaints of chest pain, shortness of breath, shortness of breath with exertion, orthopnea, palpitations, nausea or vomiting. There were no complaints or comorbid conditions consisting of diabetes mellitus or hyperlipidemia. Objectively, blood pressure was 136/91, heart rate 79 and respirations of 20. There is no heart examination, lung examination, cardiovascular examination in the medical record. There are no clinical progress notes from the primary treating physician to indicate whether these medical problems are being treated. Additionally, there is no causal relationship between ordering a lipid panel and the work related injuries. Consequently, absent clinical documentation with evidence of hyperlipidemia (prior lab tests of evidence of hyperlipidemia), with a clinical indication and rationale for a lipid panel, lipid panel is not medically necessary.

Complete metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Part A-Local medical review policy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, complete metabolic panel is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnosis is chronic left wrist pain status post multiple surgeries, the last one October 16, 2014. The documentation in the medical record consists of the secondary treating physician (family practice) progress notes. There are no primary care physician progress notes in the medical record. Subjectively, pursuant to a January 28, 2015 progress note, the injured worker was last seen on September 11, 2013. The patient presents for reevaluation of elevated blood pressure. The injured worker reportedly has a consistently elevated blood pressure. There are no complaints of chest pain, shortness of breath, shortness of breath with exertion, orthopnea, palpitations, nausea or vomiting. There were no complaints were comorbid conditions consisting of diabetes mellitus or hyperlipidemia. Objectively, blood pressure was 136/91, heart rate 79 and respirations of 20. There is no heart examination, lung examination, cardiovascular examination in the medical record. There was no clinical indication or rationale for the comprehensive metabolic profile in the medical record. There are no clinical progress notes from the primary treating physician to indicate whether these medical problems are not being treated by the primary care physician. Additionally, there is no causal relationship between ordering a comprehensive metabolic panel and the work related injuries. Consequently, absent clinical documentation with a clinical indication or rationale for a complete metabolic profile, complete metabolic panel is not medically necessary.

