

<b>Case Number:</b>	CM15-0082716		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: 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 41-year-old male, who sustained an industrial injury on 04/28/2014. The initial complaints or symptoms were not provided. The injured worker was diagnosed as having bilateral anterior compartment syndrome and left foot plantar fasciitis. Treatment to date has included conservative care, medications, laboratory testing, cardiology consultation, and echocardiogram. Currently, the injured worker presented with a blood pressure diary showing consistent diastolic hypertension. The diagnoses include partially controlled hypertension and dyslipidemia. The treatment plan consisted of an office visit, EKG and possible labs. The request for authorization included possible laboratory testing (including CBC, CMP, lipid profile, BNP, CRP and homocysteine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Possible Labs (CBC, CMP, Lipid Profile, BNP, CRP, Homocysteine): 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Health Care

Guideline: Hypertension Diagnosis and Treatment, November 2014, Fifteenth Edition, Pages 1-10.

**Decision rationale:** The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the MTUS and the ODG, do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Health Care Guideline: Hypertension Diagnosis and Treatment, initial lab screen should include 12-lead electrocardiogram, urinalysis, fasting blood glucose or A1c, serum sodium, potassium, creatinine (with estimated or measured glomerular filtration rate), calcium and lipid profile (total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol and triglycerides). Additional laboratory and diagnostic studies may be required in individuals with suspected secondary hypertension and/or evidence of target organ damage. Other tests may be ordered at the discretion of the clinician such as complete blood count, chest x-ray, uric acid or TSH. The Guidelines recommend referral if abnormalities are discovered as a result of the investigation. In the case of this patient, no referral is documented. In addition, it is unlikely that any changes would be seen upon repeating the studies three days later. Possible Labs (CBC, CMP, Lipid Profile, BNP, CRP, Homocysteine) are not medically necessary.