

Case Number:	CM15-0084137		
Date Assigned:	05/19/2015	Date of Injury:	11/11/2013
Decision Date:	07/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/01/2015

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 36 year old male who sustained an industrial injury on 11/11/13. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having coronary artery disease status post stenting, hypertension and diabetes mellitus. Currently, the injured worker was with complaints of fatigue, hypotension and chest pains. Previous treatments included status post left anterior descending coronary stenting and medication management. The plan of care was for laboratory studies and meal planning with a dietitian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dietician for meal planning: 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 ACOEM, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, dietitian for meal planning is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are coronary artery disease status post left anterior descending stent; diabetes mellitus; and hypertension. The carrier has accepted the heart and internal organs as part of the industrial injury. A handwritten, largely illegible progress note dated April 10, 2015 progress note subjectively states the injured worker feels well overall; was unable to complete a stress test. There is no physical examination documented in the medical record. There are no weights or heights or BMIs documented in the progress note. Their provider requested a dietitian from meal planning. There is no clinical rationale in the medical record for a dietitian for middle planning. Consequently, absent legible clinical documentation with a clinical indication and rationale for a dietitian for meal planning, dietitian for meal planning is not medically necessary.

Lab: HbA1c: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, lab: Hemoglobin A1c is not medically necessary. Thorough history taking is 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 community is not simply for screening purposes. In this case, the injured worker's working diagnoses are coronary artery disease status post left anterior descending stent; diabetes mellitus; and hypertension. The carrier has accepted the heart and internal organs as part of the industrial injury. A handwritten, largely illegible progress note dated April 10, 2015 progress note subjectively states the injured worker feels well overall; was unable to complete a stress test. There is no physical examination documented in the medical record. There are no weights or heights or BMIs documented in the progress note. There is no blood sugar checked in the progress note. Just in the Although the injured worker has a history of diabetes mellitus, there is no clinical indication or rationale in the progress note dated April 10, 2015 for hemoglobin A-1 C. Consequently, absent clinical documentation with a clinical rationale for hemoglobin A-1 C, lab: Hemoglobin A1c is not medically necessary.