

Case Number:	CM15-0088596		
Date Assigned:	05/12/2015	Date of Injury:	05/05/2010
Decision Date:	06/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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 64-year-old female, who sustained an industrial injury on 5/5/10. The injured worker was diagnosed as having shortness of breath, hypertension, headache, hearing loss and xylene toxicity. Treatment to date has included oral anti-hypertensive medications and inhaled medications. Currently, the injured worker complains of elevated blood pressure. The injured worker is retired. The treatment plan included continuation of medications, EKG, PFT's, laboratory studies and a follow up visit in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chemistry panel, CBC, urinalysis, lipid panel, thyroid panel/TSH, hemoglobin A1C: 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>.

Decision rationale: Regarding the request for Chemistry panel, CBC, urinalysis, lipid panel, thyroid panel/TSH, and hemoglobin A1C, California MTUS and ODG do not address the issue. A search of other online resources reveals that there is a multitude of specific medical indications for these tests. Within the documentation available for review, the medical reports from the requesting physician are mostly illegible and there is no clear documentation of any specific indication for which these tests would be supported. In light of the above issues, the currently requested Chemistry panel, CBC, urinalysis, lipid panel, thyroid panel/TSH, hemoglobin A1C are not medically necessary.

PFT: 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.ncbi.nlm.nih.gov/pmc/articles/PMC3229853/>.

Decision rationale: Regarding the request for PFT, CA MTUS and ODG do not address the issue. The National Library of Medicine cites various indications for PFT: Investigation of patients with symptoms/signs/investigations that suggest pulmonary disease; Monitoring patients with known pulmonary disease for progression and response to treatment; Investigation of patients with disease that may have a respiratory complications; Preoperative evaluation; Evaluation of patients at risk of lung diseases; and Surveillance following lung transplantation. Within the documentation available for review, there is no legible documentation identifying the medical necessity of the testing for this patient. In light of the above issues, the currently requested PFT is not medically necessary.

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 ECG, CA MTUS and ODG do not address the issue. The ACC/AHA cites indications, including: Assessment of Symptoms of Cardiac Arrhythmias; Assessment of Risk of Arrhythmias; Assessment of Efficacy of Antiarrhythmic Therapy; Assessment of Function of Implanted Cardiac Devices; and Assessment of Myocardial Ischemia. Within the documentation available for review, there is no legible documentation of a supported indication or another clear rationale for this study. In light of the above issues, the currently requested ECG is not medically necessary.

RTC 6 weeks: Overturned

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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for RTC 6 weeks, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, although the documentation is mostly illegible, it appears that the patient is being treated for conditions such as hypertension that require routine reevaluation for efficacy and continued need of prescribed treatment. In light of the above, the currently requested RTC 6 weeks is medically necessary.