

Case Number:	CM14-0126712		
Date Assigned:	08/13/2014	Date of Injury:	07/27/2012
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old male who suffered an industrial injury on 7/27/2012. He was seen by a secondary treating physician on 6/18/2014 when requests for cardio-pulmonary testing and a hypertension / gastrointestinal (GI) panel of labs was requested. The patient had bright red blood passage on multiple occasions in the recent past, prior to presentation. He had abnormalities of sleep, difficulty with abdominal pain and orthopedic as well as psychiatric diagnoses. His treatment included a benzodiazepine, proton pump inhibitor, analgesic and anti depressant. The concern of the physician was possible hemorrhoid, irritable bowel syndrome and possible peptic ulcer disease. The physician's notations were reviewed and clearly stated that the patient had no dyspnea or chest pain on review of systems. A lung examination was normal without wheezing or other abnormality. Further, a cardiovascular examination was normal. The patient had a history of hypertension but his blood pressure was reportedly normal at home, ranging around 120/70 mm Hg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (HTN and GI Profiles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation What is the proper workup of a patient with hypertension? Doi;10.3949/ccjm.75.9.663 Cleveland Clinic Journal of Medicine September 2008 vol. 75 9 663-672.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69-70.

Decision rationale: It is unclear what the provider means by hypertension and GI profiles. Routine labs typically include complete blood count, renal function, liver function and possibly a fasting lipid evaluation as well as fasting glucose or hemoglobin A1C for those individuals at risk of hyperlipidemia and / or diabetes, or individuals who are older and have not been screened in an appropriate time interval. Since the term / request Hypertension panel and GI panel is ambiguous and unclear, last laboratory data available are not reviewed in the medical notes and it is not clear whether the patient has been screened appropriately or not, the request is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

Decision rationale: The patient has no symptoms of dysuria, supra pubic pain or hematuria. He has no known history of stones or kidney disease and no personal history of genitourinary malignancy or disease. The physician has not documented a specific reason for performing a urinalysis. Therefore, the request is not medically necessary.

Cardio Respiratory Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Investigation and Report Cardiorespiratory Fitness and Coronary Heart Disease Risk Factors, The LDS Hospital Fitness Institute Cohort, Michael J. LaMonte, PhD; Patricia A. Eisenman, PhD; Ted D. Adams, PhD, MPH; Barry B. Schultz, PhD; Barbara E. Ainsworth, PhD, MPH; Frank G Yanowitz, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CardioPulmonary Testing

Decision rationale: The physician indicated clearly in his notes that the patient had no dyspnea or chest pain. Lung and heart examination were normal. The patient had no other symptoms of a cardiac or pulmonary nature documented, for instance cough. As such, with a normal history and physical examination from a cardio-pulmonary standpoint, the request is not medically necessary.