

Case Number:	CM14-0129971		
Date Assigned:	09/05/2014	Date of Injury:	05/31/2001
Decision Date:	10/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 New York. 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 claimant is a 60 year old male who sustained an industrial injury on 05/31/2001. The mechanism of injury was not provided in the medical records submitted for review. His diagnoses include hypertension and hyperlipidemia. Per the documentation his blood pressure and lipids are well controlled on medical therapy. The treating provider has requested a uric acid, GGTP, serum Ferritin, total T3, T4, T3 uptake, Free Thyroxine, Apolipoprotein A, B, HbA1c, urine Microalbumin, 2D Cardiac echocardiogram, EKG, and total body plethysmography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Uric Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: The claimant is maintained on angiotensin receptor blockade and statin therapy. There is no specific indications for obtaining a uric acid test. The claimant has no history

of gout or hyperuricemia. Medical necessity for these studies has not been established. the requested studies are not medically necessary.

Labs: Gamma glutamyl transpeptidase (GGTP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis page 1104

Decision rationale: There is no documentation of any physical examination abnormalities provided that warrants specific liver function studies in addition to those include in the comprehensive metabolic profile. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Labs: Serum Ferritin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation for the requested specific laboratory studies. The claimant has no history of anemia or hemochromatosis. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Labs: Total T3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Medical necessity for this item has not been established. The requested item is not medically necessary.

Labs: T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Medical necessity for this item has not been established. The requested item is not medically necessary.

Labs: T3 uptake: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Medical necessity for this item has not been established. The requested item is not medically necessary.

Labs: T3 Free: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Medical necessity for this item has not been established. The requested item is not medically necessary.

Labs: Free Thyroxine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established. Medical necessity for this item has not been established. The requested item is not medically necessary.

Labs: Apolipoprotein A: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: The claimant is maintained on statin therapy with Atorvastatin. There is no specific indication for the requested apolipoprotein test. The measurement of Apolipoprotein A (apoA) is medically necessary for use in high-risk persons with hypercholesterolemia to assess whether additional intense interventions are necessary when LDL cholesterol goals are reached (LDL cholesterol less than 70 mg/dl and non-HDL cholesterol less than 100 mg/dl in persons with known cardio-vascular disease (CVD) or diabetes mellitus, or LDL-C less than 100 mg/dl and non-HDL cholesterol less than 130 mg/dl in persons with other risk factors). Medical necessity for this study has not been established. The requested study is not medically necessary.

Labs: Apolipoprotein B: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: The claimant is maintained on statin therapy with Atorvastatin. There is no specific indication for the requested apolipoprotein test. The measurement of Apolipoprotein B (apoB) is medically necessary for use in high-risk persons with hypercholesterolemia to assess whether additional intense interventions are necessary when LDL cholesterol goals are reached (LDL cholesterol less than 70 mg/dl and non-HDL cholesterol less than 100 mg/dl in persons with known cardio-vascular disease (CVD) or diabetes mellitus, or LDL-C less than 100 mg/dl and non-HDL cholesterol less than 130 mg/dl in persons with other risk factors). Medical necessity for this study has not been established. The requested study is not medically necessary.

Labs: Glyco Hemoglobin A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation for the requested specific laboratory study There is no history of diabetes. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Labs: Urine microalbumin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory studies

Decision rationale: There is no documentation for the requested specific laboratory study There is no history of diabetes. The claimant's blood pressure is well controlled on his present medical regimen. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

M-Mode and 20 Echo w/Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Preoperative Assessment for Non-cardiac Surgery 2013

Decision rationale: There is no documentation provided indicating the need for transthoracic echocardiography. The enrollee underwent an echocardiogram in 6/2013 which demonstrated mild concentric left ventricular hypertrophy with normal valve function. There has been no documented change in his present status or any new reported physical exam findings. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Preoperative Assessment for Non-cardiac Surgery 2013

Decision rationale: There is no indication for a repeat 12 lead electrocardiogram at this time. The claimant underwent an electrocardiogram one year ago. There were no ischemic changes or arrhythmias noted. There is no indication for a repeat electrocardiogram at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Rhythm ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension Guidelines, American Society of Hypertension. December 18, 2013 and J Clin Endocrinol Metab. 1990; 71: 764-769

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Preoperative Assessment for Non-cardiac Surgery 2013

Decision rationale: There is no indication for a repeat 12 lead electrocardiogram at this time. The claimant underwent an electrocardiogram one year ago. There were no ischemic changes or arrhythmias noted. There is no indication for a repeat electrocardiogram at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.