

<b>Case Number:</b>	CM15-0111226		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old male sustained an industrial injury on 3/13/2000. Diagnoses include hypertension. Treatments to date include shoulder surgery and prescription medications. The injured worker continues to experience hypertension; however it is currently under control. Upon examination, blood pressure was 150/ 90, neck was negative and lungs were clear. A request for T3 free, free thyroxine, TSH, serum ferritin, vitamin D, 25 hydroxy and glycohemoglobin A1C was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T3 free:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a free T3 test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for free T3 testing is not-medically necessary.

**Free Thyroxine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a free thyroxine test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for free thyroxine testing is not-medically necessary.

**TSH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a TSH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has no signs or symptoms indicative of thyroid disease. Routine thyroid

screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for TSH testing is not-medically necessary.

**Serum Ferritin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of serum ferritin testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute or chronic microcytic anemia. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that he has had a normal lab panel in the past without new complaint or new signs/symptoms indicative of microcytic anemia. The patient has a history of stable hypertension. The medical records also indicate that he has not suffered from recent gastrointestinal bleeding or other blood dysgrasias, which would result in an iron deficit anemia. Therefore, based on the submitted medical documentation, the request for serum ferritin testing is not-medically necessary.

**Vitamin D, 25 Hydroxy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of Vitamin D, 25-Hydroxy testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute microcytic anemia indicative of worsening chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complains at the time of physical exam. The medical records indicate that has no new signs or symptoms indicative of microcytic anemia. The patient does not have a history of severe chronic kidney disease with the need for erythropoietin injections. The medical records also indicate that he has not suffered from skin conditions or excessive tiredness, which would indicate a vitamin D deficiency. Therefore, based on the submitted medical documentation, the request for Vitamin D, 25-Hydroxy testing is not-medically necessary.

## **Glyco Hemoglobin A1C: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glucose Monitoring.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a Hemoglobin A1C test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy. Hemoglobin A1C testing is a method of glucose monitoring to assess long term glycemic control. The medical records document that this patient has hypertension as a chronic medical condition. There are no notes from this patient's PCP that indicate he has been diagnosed with diabetes mellitus or that the patient's prior Hemoglobin A1C tests have been indicative of active insulin intolerance. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not-medically necessary.