

<b>Case Number:</b>	CM15-0125654		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 was a 59 year old male, who sustained an industrial injury, February 28, 2013. The injured worker previously received the following treatments Benazepril, Fenofibrate, Glipizide, Amlodipine and EKG (Electrocardiography) with non-specific ST changes. The injured worker was diagnosed with right rotator cuff repair, hypertension obesity, metabolic syndrome, diabetes and dyslipidemia. According to the cardiology progress note of June 11, 2015, the injured worker's chief complaint was high blood pressure and diabetes. The injured worker was retired. The physical exam noted thyroid was not enlarged. The carotids had a questionable bruit. The heart had a low grade systolic murmur. There peripheral pulses were intact. The neurological exam was intact. The treatment plan included thyroid panel (T3, T4, TSH, Antithyroglobulin antibodies).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab; Thyroid panel (T-3, T4, TSH, Antithyroglobulin antibodies) QTY: 1:** 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 up-to date, thyroid chemistries.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guidelines indicate the requested blood chemistries are indicated in the evaluation of thyroid disease. There is no indication on the physical exam or in the clinical documentation of suspicion for thyroid disease or active thyroid disease. Therefore the request is not medically warranted and not certified.