

Case Number:	CM15-0126465		
Date Assigned:	07/16/2015	Date of Injury:	08/08/2012
Decision Date:	08/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 61-year-old male who sustained a work related injury August 8, 2012. When stepping out of a truck, he stepped into a pothole and twisted his left knee, strained his right shoulder, and experienced a syncopal episode. Past history included hypertension. Electro diagnostic testing, dated January 15, 2015,(report present in the medical record) revealed evidence of moderate, right greater than left carpal tunnel syndrome (medial nerve entrapment at wrist) affecting sensory and motor components. There is also evidence of mild, chronic C6, C7 radiculopathy on the left. An MRI of the left knee was performed January 25, 2015, and positive, with a report present in the medical record. An MRI of the cervical spine was performed January 27, 2015, and positive with a report present in the medical record. An MRI of the right shoulder was performed January 29, 2015, and positive with a report present in the medical record. A transthoracic echocardiogram performed February 12, 2015; (report present in the medical record) reveals normal left ventricular systolic function and an estimated ejection fraction of 60%. A neurology evaluation, dated March 18, 2015, is present in the medical record. According to a secondary physician's progress report, dated May 14, 2015, the injured worker presented for evaluation of blood pressure, He has been keeping notes and his blood pressure is averaging 140/70 and unchanged. Physical examination revealed; blood pressure 188/83, 2nd reading 160/83, and 5'3" and 206 pounds. The lungs are clear to auscultation. His heart rate is regular with no rubs or gallops. There is no clubbing, cyanosis or edema. Diagnosis is documented as hypertension. Deferred diagnoses are documented as dizziness with history of syncopal episode; orthopedic and psychiatric diagnosis. At issue, is the request for authorization for cardio

respiratory test, a computerized blood pressure monitor, and hypertension profile labs which include; UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP, and CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory Test: 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/pubmed>.

Decision rationale: The injured worker is diagnosed with Hypertension. Physician report at the time of the requested service indicated that blood pressure is difficult to control, although fairly controlled and physical exam is otherwise unremarkable. There is also evidence of a normal Echocardiogram having been performed recently. The medical necessity for Cardio-Respiratory Test has not been established. The request for Cardio-Respiratory Test is not medically necessary.

HTN (hypertension) Profile Labs - CMP (comprehensive metabolic panel): 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 <http://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

Decision rationale: The American College of Physicians recommends screening patients at increased risk for Chronic Kidney disease (CKD) regularly, including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD. Screening patients without risk factors for CKD is not recommended. Documentation provided shows that the injured worker is obese, with history of Syncope and difficult to control Hypertension, increasing the risk for Chronic Kidney Disease. Laboratory results over 5 months early showed an elevated Cholesterol level and normal urine microalbumin level. The request for HTN (hypertension) Profile Labs - CMP (comprehensive metabolic panel) is medically necessary per guidelines.

HTN (hypertension) Profile Labs: CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided shows that the injured worker has Hypertension. Documentation fails to show results of prior pertinent laboratory result or evidence of other chronic medical conditions that would warrant additional testing. The request for HTN (hypertension) Profile Labs: CBD is not medically necessary by guidelines.

HTN (hypertension) Profile Labs: UMAR: 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://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

Decision rationale: The American College of Physicians recommends screening patients at increased risk for Chronic Kidney disease (CKD) regularly, including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD. Screening patients without risk factors for CKD is not recommended. Per guidelines, creatinine, urinalysis, retinal exam may be screened annually, and ECG may be considered if there are unexplained symptoms or poor BP control. Patients on certain medications, including diuretics, ACE inhibitors, ARB, and mineralocorticoid antagonists (spironolactone) should have potassium, creatinine, and other electrolytes monitored for potential side effects. The injured worker is diagnosed with Hypertension, which is difficult to control, although fairly controlled. Documentation indicates that urine testing had been performed less than 6 months earlier, showing normal urine microalbumin level. The medical necessity for additional urine testing at this time has not been established. The request for HTN (hypertension) Profile Labs: UMAR is not medically necessary.

HTN (hypertension) Profile Labs: CMPR: 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 <http://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

Decision rationale: The American College of Physicians recommends screening patients at increased risk for Chronic Kidney disease (CKD) regularly, including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of

CKD. Screening patients without risk factors for CKD is not recommended. Per guidelines, creatinine, urinalysis, retinal exam may be screened annually, and ECG may be considered if there are unexplained symptoms or poor BP control. Patients on certain medications, including diuretics, ACE inhibitors, ARB, and mineralocorticoid antagonists (spironolactone) should have potassium, creatinine, and other electrolytes monitored for potential side effects. Documentation provided shows that the injured worker is obese, with history of Syncope and Hypertension, treated with an ACE inhibitor and diuretic. Laboratory results over 5 months earlier showed an elevated Cholesterol level and normal urine microalbumin level. The request for HTN (hypertension) Profile Labs: CMPR is medically necessary per guidelines.

HTN (hypertension) Profile Labs: CBD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided shows that the injured worker has Hypertension. Documentation fails to show results of prior CBC or evidence additional chronic medical conditions that would warrant checking a complete blood count. The request for HTN (hypertension) Profile Labs: CBD is not medically necessary by guidelines.

HTN (hypertension) Profile Labs: TSH: 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.dynamed.com/http://www.mayoclinic.org/>.

Decision rationale: Blood tests used in the diagnosis of Thyroid disorders include Thyroid Stimulating Hormone level, Free T4 and T3. The injured worker is diagnosed with Hypertension. Documentation at the time of the requested service under review fails to show clinical indication for Thyroid function testing. The request for HTN (hypertension) Profile Labs: TSH is not medically necessary.

HTN (hypertension) Profile Labs: T3: 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.dynamed.com/http://www.mayoclinic.org/>.

Decision rationale: Blood tests used in the diagnosis of Thyroid disorders include Thyroid Stimulating Hormone level, Free T4 and T3. The injured worker is diagnosed with Hypertension. Documentation at the time of the requested service under review fails to show clinical indication for Thyroid function testing. The request for HTN (hypertension) Profile Labs: T3 is not medically necessary.

HTN (hypertension) Profile Labs: T4: 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.dynamed.com/http://www.mayoclinic.org/>.

Decision rationale: Blood tests used in the diagnosis of Thyroid disorders include Thyroid Stimulating Hormone level, Free T4 and T3. The injured worker is diagnosed with Hypertension. Documentation at the time of the requested service under review fails to show clinical indication for Thyroid function testing. The request for HTN (hypertension) Profile Labs: T4 is not medically necessary.

HTN (hypertension) Profile Labs: Lipid: 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 <http://smartmedicine.acponline.org/>.

Decision rationale: Hyperlipidemia is a major risk factor for atherosclerotic disease (the build-up of fats, cholesterol and other substances in and on the artery walls), cardiovascular disease and cardiovascular death. The American College of Physicians recommends screening adults at any age who are at risk for CHD, including those with a family history of hyperlipidemia. Patients without risk factors should be screened every 5 years with repeat screening sooner in those who develop new risk factors. Performing annual lipid screening in patients not treated for hyperlipidemia is not recommended unless there is a specific reason to suspect a change. The injured worker is being treated for Hyperlipidemia and prior laboratory testing indicated elevated Cholesterol level. The request for HTN (hypertension) Profile Labs: Lipid is medically necessary per guidelines.

Blood Pressure Monitor (Computerized): 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 Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The injured worker is diagnosed with Hypertension, which is difficult to control, although fairly controlled. The recommendation for Blood Pressure self-monitoring is reasonable and clinically appropriate. However, this can be achieved with the use of a manual Blood Pressure Monitor. The medical necessity for a computerized monitor has not been established. The request for Blood Pressure Monitor (Computerized) is not medically necessary.