

Case Number:	CM15-0129463		
Date Assigned:	07/16/2015	Date of Injury:	03/18/1999
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for irritable bowel syndrome, reflux, and hypertension reportedly associated with an industrial injury of March 18, 1999. In a utilization review report dated June 30, 2015, the claims administrator failed to approve a request for thyroid function testing, a serum ferritin level, vitamin D level, and a hemoglobin A1c level. The claims administrator did, however, partially approve other laboratory tests. The claims administrator referenced a progress note of April 21, 2015 and an RFA form of June 22, 2015 in its determination. The applicant's attorney subsequently appealed. On said April 21, 2015 handwritten progress note, the applicant apparently presented to follow up on issues with hypertension and irritable bowel syndrome. The applicant apparently had blood pressures at home ranging from 140/90 to 163/96. The note was very difficult to follow, handwritten, and not altogether legible. The applicant's blood pressure in the clinic, however, was 130/70, it was acknowledged. An EKG, echocardiogram, a blood pressure monitor, and unspecified laboratory and urine tests were ordered. The applicant was given prescriptions for ramipril, felodipine, Protonix, and Lopid. The applicant's work status was not furnished. The attending provider did not specify which laboratory test he was ordering on this date. In an RFA form dated June 22, 2015, the attending provider ordered a variety of tests including a CBC, lipid panel, thyroid function testing, hepatic function testing, renal function testing, uric acid level, iron levels, ferritin levels, hemoglobin A1c, serum creatinine, and an EKG. No clinical progress notes were seemingly attached to the June 22, 2015 RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

T3 Free, 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: No, the request for a free T3, a thyroid function test, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 11, page 269 do acknowledge that testing for co-morbid conditions such as hypothyroidism is "recommended" in applicants in whom the history is suggestive, here, however, no clinical progress notes were attached to the June 22, 2015 RFA form. The April 21, 2015 progress note made no mention of the applicant's carrying a diagnosis of suspected hypothyroidism on that date. A clear rationale for the free T3 level in question was not, in short, furnished. Therefore, the request was not medically necessary.

Free Thyroxine, 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for a free thyroxine level, i.e., another thyroid function test, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for hypothyroidism or other comorbid conditions is recommended in applicants who have an indicative history, here, however, neither the April 21, 2015 progress note nor the June 22, 2015 RFA form explicitly stated that the applicant carried a diagnosis of either known or suspected hypothyroidism. It was not stated what in the applicant's presentation was indicative or suggestive of hypothyroidism. No mention of the need for thyroid function testing was made via the April 21, 2015 office visit in question. Therefore, the request was not medically necessary.

Thyroid stimulating hormone: 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 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for a thyroid stimulating hormone (TSH) level, i.e., another marker of thyroid function, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for hypothyroidism or other co-morbid conditions is recommended in applicants with a suggestive or indicative history, here, however, neither the April 21, 2015 progress note nor the June 22, 2015 RFA form made any mention of the applicant's carrying a diagnosis of hypothyroidism for which thyroid function testing would have been indicated. A clear rationale for the testing in question was not, in short, furnished.

Serum Ferritin, 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 Ferritin blood test: MedlinePlus Medical Encyclopediawww.nlm.nih.gov/.../003490.ht...United States National Library of Medicine.

Decision rationale: No, the request for a serum ferritin value, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The ferritin blood test, per the National Library of Medicine (NLM), is a marker of iron stores. While the National Library of Medicine notes that an attending provider may order a serum ferritin value in individuals with anemia associated with low iron levels, here, however, there is no mention of the claimant's carrying a diagnosis of anemia associated with low iron levels on either the April 22, 2015 progress note or the June 21, 2015 RFA form. Therefore, the request was not medically necessary.

Vitamin D; Hydroxy, 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 264.

Decision rationale: Similarly, the request for vitamin D 25-hydroxy level was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 11, page 264 do suggest that clinicians should consider the presence of medical diseases such as diabetes, hypothyroidism, vitamin B-complex deficiency and, by analogy, the vitamin D deficiency at issue here, however, no clinical progress notes were attached to the June 22, 2015 RFA form. The April 21, 2015 handwritten progress note made no mention of the claimant's carrying a diagnosis of suspected vitamin D deficiency. Therefore, the request was 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Finally, the request for a glycohemoglobin A1c, a marker of diabetes, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for diabetes and/or other comorbid conditions is recommended in individuals with an indicative or suggestive history, here, however, as with the preceding request, neither the April 21, 2015 progress note nor the June 22, 2015 RFA form made any mention of the applicant's carrying a diagnosis of suspected diabetes. Little-to-no rationale accompanied the RFA form. It was not stated why a diagnosis of diabetes was suspected here. Therefore, the request was not medically necessary.