

Case Number:	CM15-0170236		
Date Assigned:	09/16/2015	Date of Injury:	11/15/2008
Decision Date:	10/20/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The 30 year old male injured worker suffered an industrial injury on. The diagnoses included gastric bypass. On 5-13-2015 the treating provider reported her main concern was fatigue. Her diet is now water, Crystal Light, jello, pudding, soups, cream of wheat and added protein powder. Prior treatments included gastric bypass 4-27-2015. The Utilization Review on 7-30-2015 determined non-certification for Retrospective request for C-Reactive Protein, High Sensitivity DOS: 6/16/15, Partial Thromboplastin Time DOS: 6/16/15, Parthormone Intact DOS: 6/16/15 and Thyroid Stimulating Hormone DOS: 6/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for C-Reactive Protein, High Sensitivity DOS: 6/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/16778582> Nutritional consequences of bariatric surgery.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004,
Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CRP testing for this patient. A C-reactive Protein test is a non-specific inflammatory marker. The California MTUS guidelines state that: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. This patient exhibits fatigue after gastric bypass. The requested test would be non-specific and non-diagnostic for this condition. Therefore, based on the submitted medical documentation, the request for CRP testing is not medically necessary.

Retrospective request for Partial Thromboplastin Time DOS: 6/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/16778582> Nutritional consequences of bariatric surgery.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a PTT test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of a bleeding disorder. 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 with a complaint of fatigue at the time of physical exam. The medical records indicate that the patient has no signs or symptoms indicative of liver disease which would result in a bleeding disorder. Bariatric surgery does not directly affect liver function. Fatigue itself is not an indication for PTT testing. Therefore, based on the submitted medical documentation, the request for PTT testing is not medically necessary.

Retrospective request for Parthormone Intact DOS: 6/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/16778582> Nutritional consequences of bariatric surgery.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a PTH test for this patient. The clinical records submitted do not support the fact

that this patient has signs or symptoms of parathyroid 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 status post gastric bypass with a diagnosis of fatigue. The patient did not have any signs of symptoms of hypercalcemia or chronic vitamin D deficiency that was documented on prior clinical work-up. The medical records indicate that the patient has no current signs or symptoms indicative of parathyroid disease. Routine parathyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for PTH testing is not medically necessary.

Retrospective request for Thyroid Stimulating Hormone DOS: 6/16/15: Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmed/16778582> Nutritional consequences of bariatric surgery.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

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 with a complaint of fatigue at the time of physical exam. The medical records indicate that they have no signs or symptoms indicative of thyroid disease. Fatigue itself is not an indication for thyroid testing. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for TSH testing is not-medically necessary.