

Case Number:	CM14-0156358		
Date Assigned:	09/25/2014	Date of Injury:	04/09/2013
Decision Date:	11/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old male who was injured on 04/09/2013 when he injured his right shoulder and hand while riding a golf cart. Prior treatment history has included psychotropic pain medications as well as physical therapy sessions. Initial internal medicine consultation dated 08/08/2014 noted the patient presented for a blood pressure reading. On exam, the patient was noted to have a blood pressure reading of 183/79 with a pulse of 107. The patient was instructed to continue with medications and recommended to obtain lab work as listed below. There were no significant findings documented. Prior utilization review dated 09/18/2014 states the request for Labs work: H pylori, CBC, CMP, HbA1c, UA is denied as there is no indication establishing the necessity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs work: H pylori, CBC, CMP, HbA1c, UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/>

Decision rationale: The guidelines recommend laboratory analysis when clinically indicated. H.pylori is generally used to evaluate for a history of H.pylori infection, but the blood test does not diagnosis active disease. The guidelines recommend CBC, in general, to evaluate for anemia, infection, or bleeding disorders. CMP is generally used to evaluate electrolyte disorders, acid/base status, liver function, or kidney function. Hemoglobin A1c is used to evaluate for diabetes or following patients with known diabetes. Urinalysis is used to evaluate for proteinuria, UTI, and several other conditions. The clinical documents did not discuss the results and timeframe of previous blood and urine tests. It is unclear from the documents provided why the above tests are being ordered. In general, routine screening with the above tests is not recommended without clinical indication. Hemoglobin A1c may be clinically indicated for screening purposes but there was no documentation of the indication. Additionally, most of the documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.