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| Case Number: | CM14-0033298 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/01/1974 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 63-year-old male who sustained an industrial injury on 1/1/1974. The biomechanics of the industrial injury is not discussed. The claimant has undergone heart transplantation on July 27/2013. The claimant was hospitalized from 10/17 to 10/18/13 with musculoskeletal pain, but no signs of infection and was discharged with antibiotics. The claimant has comorbidities of hypertension, diabetes, and dyslipidemia. Subsequent notes reveal the claimant has had a Complete Blood Count (CBC) noteworthy for normal white blood cell (WBC) count with Bandemia (emphasis added). An AlloMap diagnostic report dated 11/18/13 revealed a score of 21 with a negative predictive value of 98.8%. The gene expression profiling expressed a positive prognosis and low risk for the patient. Laboratory studies dated 1/9/14 revealed the hemoglobin was low at 12.8, low absolute lymphocytes at 0.8, high creatinine at 1.5 and high creatinine kinase at 443. The claimant was seen by a treating provider on 11/18/13 who noted that the claimant was status post heart transplant on 7/27/13. He was to return on 12/30/13 for the AlloMap and re-evaluation. On 1/27/14, the claimant complained of bleeding in the gums, vision changes and occasional nonproductive cough. An echocardiogram revealed the ejection fraction to be 54%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Alomap Testing Procedure between 12/31/2013 and 12/31/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines ,Heart transplantation management.

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: Task Force 2: immunosuppression and rejection. In the International Society of Heart and Lung Transplantation guidelines for the care of heart transplant recipients.

Decision rationale: The claimant has undergone heart transplantation and had myalgias severe enough to require hospital observation. Laboratory failed to point to an infectious source. The consideration of including AlloMAP as an adjunctive information source is reasonable despite the time frame mentioned in the citation above. This represents a rejection versus infection work up and not the routine monitoring as noted in the guidelines. Given the preexisting comorbidities and the questions of infections versus graft rejection, the use AlloMap was included in the testing requested. Any additional information to diagnose and prevent transplant rejection is medically reasonable for this purpose. Therefore, the AlloMap of 12/31/13 is reasonable and medically necessary.

