

Case Number:	CM14-0041234		
Date Assigned:	06/30/2014	Date of Injury:	03/10/2009
Decision Date:	09/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of March 10, 2009. A utilization review determination dated March 4, 2014 recommends not medically necessary for HIV, HTLV, and hepatitis lab testing on January 29, 2014. A lab report dated January 29, 2014 indicates that evaluation was performed for HTLV, hepatitis, and HIV. A progress report dated January 27, 2014 indicates that the patient is scheduled for right shoulder arthroscopy on February 7, 2014. Physical examination identifies discomfort with elevation of the right upper extremity against gravity with decreased range of motion and positive impingement testing. Diagnoses include shoulder region disorders not elsewhere classified. The treatment plan recommends 12 Sessions of Postoperative Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for HTLV-I/HTLV-II, HIV, HEP A/B Testing: Upheld

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

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://www.merckmanuals.com/professional/infectious_diseases/human_immunodeficiency_virus_hiv/human_immunodeficiency_virus_hiv_infection.html#v1022155.

Decision rationale: Regarding the request for HTLV, HIV, and hepatitis testing, California MTUS, ACOEM, and Official Disability Guidelines are silent regarding this request. Merck Manual online states that HIV infection should be suspected in patients with persistent, unexplained, generalized adenopathy or any of the disorders listed in table 1. Within the documentation available for review, the requesting physician has not mentioned any concern of HIV, HTLV, or hepatitis. Additionally, there are no risk factors for these conditions described in the patient's history. Furthermore, it is unclear how recently the patient has undergone screening tests for any of these conditions. Finally, it is unclear what medical decision-making will be based upon the outcome of these tests within the context of the patient's current treatment being provided by this particular requesting physician. In the absence of clarity regarding those issues, the currently requested lab testing is not medically necessary.