

Case Number:	CM15-0001008		
Date Assigned:	01/12/2015	Date of Injury:	05/25/2010
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 67 year old male, who sustained an industrial injury on May 25, 2010. He has reported cervical, lumbosacral, left elbow, bilateral wrist and hand pain. The diagnoses have included bilateral thumb flexor tenosynovitis, status post bilateral trigger thumb releases and status post bilateral carpal tunnel releases with recurrent moderate carpal tunnel syndrome. Treatment to date has included electrodiagnostic studies, oral and topical pain medications, and postoperative physical therapy. Currently, the injured worker complains of lumbar and shoulder pain. On December 8, 2014 Utilization Review non-certified a retrospective request for HIV-1 and HIV-2 Single Assay (DOS: 3/17/14), noting the lab testing was requested prior to surgical repair of the right thumb tenosynovitis. There were no guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for HIV-1/HIV-2 single assay with a dos of 3/17/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Preoperative testing

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 67 year old without risk factors concerning to warrant HIV testing prior to the proposed surgical procedure. Therefore the determination is for non-certification.