



**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/07/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lab testing (CBC, CMP, HIV, and RPR)

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Family Practice physician, board certified by the American Board of Family Practice

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity exists for the CBC and comprehensive metabolic panel, but medical necessity does not exist for the HIV and RPR. The ODG guidelines were consulted but were of minimal value. The reviewer relied heavily on best medical practices and experience to reach this conclusion.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This patient had a postoperative wound infection from previous ankle surgery, which did not respond to several outpatient and oral antibiotics. This infection was polymicrobial and persistent, requiring intravenous vancomycin and Rocephin. He had a history of hypertension.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

Because of the patient's multiple antibiotics and because of the need to use intravenous vancomycin and Rocephin, it is important to determine the status of the patient's immune system with a CBC and the status of the patient's kidney and liver function with a

comprehensive metabolic panel. These can be affected by previous antibiotics and by the antibiotics that were planned to be used, specifically Rocephin and vancomycin. They could also be affected by chronic infection. Necessity does not exist for the HIV because there does not appear to be any indication that the patient has a sexually transmitted disease or risk factors for HIV. In addition to that, the CBC would show a lymphocytosis if the patient had the potential of HIV disease. There does not exist the medical necessity for the RPR to screen for syphilis because the patient does not have a history consistent with exposure to sexually transmitted disease nor is syphilis a common disease nor is there any indication that he presently had the disease.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)