

Case Number:	CM13-0030740		
Date Assigned:	11/27/2013	Date of Injury:	06/14/1999
Decision Date:	02/12/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 physician 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 53-year-old male who had a clot in the blood vessels of his left leg on 06/14/1999. An evaluation report dated 09/22/1999 and a supplemental report dated 11/03/1999 state he was found to have an inherited condition called a Factor V Leiden gene mutation. These reports conclude that sitting for long periods of time during air travel coupled with this condition caused the clot to form. A subsequent evaluation report dated 11/14/2002 and progress notes dated 04/28/2011, 10/17/2011, 11/01/2012, and 06/10/2013 indicate he continues to have frequent trips with long air travel as part of his work, and he is subsequently treated with medication to prevent new clots from forming. This medication requires close monitoring with certain blood tests. These progress notes report his medication has been controlled with presumed self-monitoring and there have been no complications. A Utilization Review decision was rendered on 08/29/2013 recommending non-certification for self-testing for home prothrombin testing devices and testing materials.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Home Prothrombin time device and testing material, cuvette-4/bag (HCPC: E1399) as related to left leg deep vein thrombosis (DVT) as outpatient between 8/23/2013 and 10/7/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence website, Section Cardiovascular Disorders: Condition: Thromboembolism.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, Section Antithrombotic therapy and prevention of thrombosis

Decision rationale: The current request is for four home prothrombin devices and testing materials. The MTUS guidelines are silent with regard to the use of home testing for this indication. The injured worker requires periodic testing to maintain the proper level of medication and to avoid future complications. The submitted records report the employee has been on stable doses of medication for many years without any complications. While the employee continues to require regular testing, there is strong clinical evidence that testing every twelve weeks is sufficient. Progress notes dated 06/10/2013 report the employee was not tested for two months, and no complications or need for medication adjustment were reported. As such, the request for home testing devices and materials is not medically necessary.