

Case Number:	CM13-0034876		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2011
Decision Date:	03/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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:

This is a 59-year-old male with a history of date of injury of June 4, 2011, while working in his ranch job in the, his car flipped and he was trapped in the car for hours. He had four broken ribs and his right leg was bruised and he required right leg fasciotomy. After the injury he continued with low back pain and the right leg pain. On August 27, 2013 during a follow-up visit by the pain specialist, he had a laceration in the right leg which showed profuse bleeding. The patient required to be seen in hospital, and at that time, he required suture of the laceration plus continuous treatment of the bleeding. Coagulation studies were performed on November 4, 2013, which included prothrombin time (PT), partial prothromboplastin time (PTT), International Normalized Ratio (INR) studies, and complete blood count (CBC), which was then denied. It was requested to review the records and decide about the necessity of the studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 med panel with coagulation studies to assess for bleeding abnormalities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Lower limb peripheral arterial disease: diagnosis and management. London (UK): National Institute for Health and Clinical Excellence (NICE); 2012 Aug. 28 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/tests-procedures/prothrombin-time/basics/risks/prc-20013300>.

Decision rationale: Laboratory studies were necessary as the records indicate that the patient had a history of alcohol abuse in the past. He was also taking multiple medications which likely could affect the coagulation condition. He had a profuse bleeding on the right lower extremity. This is our indication to have the blood tests done which include the coagulation studies, PT, PTT, and CBC.