MAXIMUS Federal Services

Case Number:	CM13-0044058		
Date Assigned:	12/27/2013	Date of Injury:	11/27/1989
Decision Date:	03/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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:

Progress note dated 10-16-13 by cardiologist [redacted] documented diagnoses including: cardiomyopathy with ejection fraction of 34%, implantable cardioverter defibrillator (ICD) placement, coronary artery bypass graft (CABG), left ventricular thrombus. Interval history documented that the patient "has been doing well" with "no complaints of dizziness or lightheadedness or any other cardiac complaints." "He will be going on a cruise soon." Review of systems documented - No complaints of fatigue, shortness of breath, chest discomfort, palpitations, fainting, dizziness, pain in legs, swollen ankles, easy bleeding, bruising. Current medications included Coumadin (warfarin). Physical examination documented that the patient was conversant, no acute distress, normal jugular veins, non-labored respiratory effort, lungs clear to auscultation, cardiac regular, no significant murmurs, normal carotid impulse, no edema in the extremities, normal radial pulse, no clubbing, no diaphoresis, moves four extremities, normal gait. Laboratory tests included results INR 3.1 date 10-13-13 and INR 2.5 date 09-22-13. Utilization review dated 10-24-13 by [redacted] recommended Non-Certification of the request for CoaguChek Home PT/INR monitor system, test strips, and lancets. The utilization review letter documented [redacted] telephone conversation with a staff member of the [redacted] who stated that the patient usually has his INR tests performed at an outpatient laboratory.

IMR ISSUES, DECISIONS AND RATIONALES

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

CoagCheck Home PT/INR monitor system, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Page(s): 51.

Decision rationale: Medical treatment utilization schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) do not specifically discuss CoaguChek Home PT/INR monitor system. Home PT/INR monitoring is a Home Health service. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) state that Home Health services are recommended only for otherwise recommended medical treatment for patients who are homebound. To qualify, patient must be homebound. Progress note dated 10-16-13 by cardiologist [redacted] documented that the patient has been doing well, with no cardiac complaints. Cardiac and respiratory physical examination was normal, with normal gait. Patient was ambulatory, with normal gait. The patient is not homebound. Because the patient is not homebound, patient does not qualify for home health services per MTUS guidelines. MTUS guidelines and review of medical records do not support the medical necessity of Home PT/INR monitoring. Therefore, the request for CoaguChek Home PT/INR monitor system, Test strips, and Lancets is Not medically necessary.

CoaguCheck test strips times 6/box, QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Page(s): 51.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lancets 100 count box, QTY: 100.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Page(s): 51.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.