

Case Number:	CM13-0046044		
Date Assigned:	12/27/2013	Date of Injury:	06/07/1975
Decision Date:	04/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/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 patient is a 64 year old female who reported injury on 06/07/1975. The mechanism of injury was noted to be the patient was coming down stairs when she tried to jump over a case and fell. The patient has had multiple knee surgeries. The most recent being 01/18/2013, the patient had a partial meniscectomy. The patient had 22 sessions of physical therapy with a designated 24 and it was indicated the patient had 2 more sessions remaining upon the documentation. The diagnosis was noted to be post arthroscopic surgery on the left knee x7 with continued swelling and effusion of the left knee with crepitation palpably and audibly present at the patellofemoral joint. It was indicated the patient has a history of blood clots from previous knee joint arthroscopic surgery that were of significance. The physician further opined the patient is approaching joint replacement surgery of the left knee as a natural consequence of the development of post-traumatic arthritis. Joint replacement is noted to be associated with the development of blood clots which may travel causing significant problems inclusive of embolus and death. The request was made for an internal medicine specialist for coagulation studies or vena cava filter treatment to be determined by the internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

THROMBIN ANTIBODY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. The request for thrombin antibody is not medically necessary and appropriate.

PROTHROMBIN GENE MUTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. The request for prothrombin gene mutation is not medically necessary and appropriate.

LEIDEN FACTOR V: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. The request for leiden factor V is not medically necessary and appropriate.

HOMOCYSTEINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for homocysteine is not medically necessary.

RISTOCETIN COFACTOR ASSAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practical Homeostasis.com, Final Determination Letter for IMR Case Number CM13-0046044 5 http://www.practical-haemostasis.com/Factor%20Assays/VWF/VWF%20Functional%20Assays/vwf_ristocetin_cofactor_assay_lta.html

Decision rationale: Per PracticalHomeostasis.com, ristocetin cofactor assay measures platelet agglutination induced by Ristocetin-mediated VWF (Von Willebrand Factor) and is tested to measure the ability of the patient's plasma to agglutinate platelets. The clinical documentation submitted for review failed to provide the necessity for ristocetin cofactor assay. There was a lack of documentation indicating a rationale for the specific test. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for ristocetin cofactor assay is not medically necessary and appropriate.

ANTITHROMBIN ANTIBODY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for antithrombin antibody is not medically necessary.

PLASMINOGEN ACTIVATOR INHIBITOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtest Portal, <http://www.labtestportal.com/lab-test-interpretation/All-Lab-Tests/Plasminogen.html>

Decision rationale: Per Labtestportal.com, the test for plasminogen is used to evaluate thromboembolic disorders and is prescribed when searching for disorders involving the fibrinolytic system. The clinical documentation submitted for review failed to indicate a necessity for a plasminogen test. There was a lack of documentation indicating the rationale for the specific test. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for plasminogen is not medically necessary and appropriate.

PLASMINOGEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtest Portal, <http://www.labtestportal.com/lab-test-interpretation/All-Lab-Tests/Plasminogen.html> .

Decision rationale: Per Labtestportal.com, the test for plasminogen is used to evaluate thromboembolic disorders and is prescribed when searching for disorders involving the fibrinolytic system. The clinical documentation submitted for review failed to indicate a necessity for a plasminogen test. There was a lack of documentation indicating the rationale for the specific test. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for plasminogen is not medically necessary.

PROTEIN S: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C,

protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for protein S is not medically necessary and appropriate.

PROTEIN C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for protein C is not medically necessary.

FACTOR 8-9 AND 11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/analytes/coagulation-factors/tab/sample#CoagTable>

Decision rationale: Per labtestsonline.org, testing for factor 8-9 and 11 when there is suspicion of a coagulation problem and that when 1 or more of these factors are produced in too small of a quantity are not functioning correctly, they can cause excessive bleeding. There was a lack of documentation indicating the physician had a suspicion that the patient had excessive bleeding. Additionally, the patient was being referred to an internal medicine specialist for coagulation

studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for factor 8-9 and 11 is not medically necessary.

VON WILEBRANDS FACTOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/analytes/vwf/tab/glance>.

Decision rationale: Per labtestsonline.org, a Von Willebrand's factor test helps to determine the cause of unexplained excessive or repeated episodes of bleeding. The test is performed when the patient has a family history of heavy, prolonged and/or spontaneous bleeding. The clinical documentation submitted for review failed to indicate the rationale for the specific test requested. There was a lack of documentation indicating the patient had a family history of heavy, prolonged and/or spontaneous bleeding. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for Von Willebrand's Factor is not medically necessary.

LUPUS ANTICOAGULANT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for lupus anticoagulant is not medically necessary.

ANTICARIOLIPIN ANTIBODIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/analytes/cardioliipin>.

Decision rationale: Per labtestsonline.org, Anticardiolipin antibodies are tested to help investigate inappropriate blood clot formation. The clinical documentation submitted for review indicated the patient had prior blood clots on previous knee joint arthroscopic procedures. However, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. Final Determination Letter for IMR Case Number CM13-0046044 9 This type of a physician would decide which studies are needed. Given the above, the request for Anticardiolipin antibodies is not medically necessary.

ANTIPHOSPHOLIPID ANTIBODY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Institutes of Health- National Heart Lung and Blood Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org, <http://labtestsonline.org/understanding/conditions/hypercoagulable-disorders/start/3>.

Decision rationale: Per labtestsonline.org, if a person has a first episode of venous thrombosis at an age younger than 50 or has a history of recurrent clotting episodes, a panel test is often performed including factor V Leiden mutation and prothrombin gene G20210A mutation, antiphospholipid antibodies (including lupus anticoagulant work-up), homocysteine, protein C, protein S and antithrombin. If results of these tests are not revealing, additional tests may be needed to rule out rare causes of clotting disorders. The clinical documentation submitted for review failed to indicate the patient had a history of venous thrombosis at an age younger than 50 or a history of recurrent clotting episodes. Additionally, the patient was being referred to an internal medicine specialist for coagulation studies or vena cava filter treatment. This type of a physician would decide which studies are needed. Given the above, the request for anti-phospholipid antibody is not medically necessary.