

Case Number:	CM13-0050314		
Date Assigned:	12/27/2013	Date of Injury:	01/26/2006
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pulmonary Disease and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 patient is a 44-year-old male who reported an injury on 01/26/2006. The patient is diagnosed with a 4 mm lumbar disc herniation with multilevel disc bulging, lower extremity radicular pain, chronic cervical strain, bilateral shoulder rotator cuff syndrome, bilateral knee strain, bilateral knee patellofemoral syndrome, history of cervical cord injury with temporary paralysis, bilateral ankle and foot pain, sleep and psychiatric issues, high blood pressure, internal medicine issues and neurology issues. It is noted that a Cell Saver service was prescribed for the patient by [REDACTED] on 09/24/2013. However, there was no physician progress report submitted on the requesting date on 09/24/2013. There was, however, an operative report submitted by [REDACTED] on the requesting date of 09/24/2013, which indicated that the patient underwent anterior retroperitoneal exposure of L3-4, L4-5, and L5-S1 vertebral interspace. No evidence of hemodynamic instability or bleeding within the retroperitoneum. The estimated blood loss was 100 mL for the entire case, and there were no complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The cellsaver machine rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists blood conservation clinical practice guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment and the University of Southern California. Copyright © USC Cardiothoracic Surgery. Cell Saver (Intraoperative Cell Salvage Machine).

Decision rationale: Official Disability Guidelines state durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. A cell saver, intraoperative cell salvage machine, suctions, washes, and filters blood so it can be given back to the patient's body instead of being thrown away. The Cell Saver is also a viable alternative for patients with religious objections to receiving blood transfusions. As per the documentation submitted, the patient is status post surgical intervention on 09/24/2013. Again, there was no physician progress report submitted by [REDACTED] on the requesting date of 09/24/2013. There is no evidence within the documentation provided of a known malignancy, or comorbid blood disease. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

6 cellsaver technical assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists blood conservation clinical practice guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment and the University of Southern California. Copyright © USC Cardiothoracic Surgery. Cell Saver (Intraoperative Cell Salvage Machine).

Decision rationale: Official Disability Guidelines state durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. A cell saver, intraoperative cell salvage machine, suctions, washes, and filters blood so it can be given back to the patient's body instead of being thrown away. The Cell Saver is also a viable alternative for patients with religious objections to receiving blood transfusions. As per the documentation submitted, the patient is status postsurgical intervention on 09/24/2013. Again, there was no physician progress report submitted by [REDACTED] on the requesting date of 09/24/2013. There is no evidence within the documentation provided of a known malignancy, or comorbid blood disease. The medical necessity for the requested 6 cell saver technical assistance has not been established. Therefore, the request is non-certified.