MAXIMUS Federal Services

| Case Number: | CM13-0067156 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 11/27/1995 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

## 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 Family Practice, has a subspecialty in Pain Management 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 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 claimant is a 60-year-old male with a history of diabetes, chronic obstructive pulmonary disease (COPD), hematuria, cirrhosis, polycythemia vera, depression, and lithotripsy sustained an injury on 11/27/95 that resulted in multiple orthopedic conditions (25-30 body parts). He has had a spinal cord stimulator, left hip fracture, pacemaker, gastric bypass porto-systemic shunt, urethral stent, and a pressure ulcer. He was receiving routine complete blood count (CBC) test to determine his hematocrit level sue to polycythemia. On 10/1/13, his hematocrit was elevated to 54.3. There was no clinical change. A request was made for 8 phlebotomy treatments and 8 follow-up visits. On 10/8/13, his hematocrit was 42.3 (within normal range). On 12/3/13, his hematocrit was 49.3 (within normal range). The polycythemia was determined to be secondary to sleep apnea. The claimant does have COPD and smokes. The documentation does not mention if he uses his CPAP.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 8 PHLEBOTOMY TREATMENTS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Guidelines for Polycythemia Vera.

**Decision rationale:** The MTUS, ACOEM and ODG guidelines do not comment on management for polycythemia vera. According to Medscape guidelines: The optimal level of hematocrit is one that is as close as possible to normal without impairing the compensatory benefit of increased oxygen delivery. This may be determined individually by symptom relief or decompensation, depending on the viscosity level. Repeated phlebotomies result in iron deficiency that can cause other symptoms. This may limit or retard further erythropoiesis so that additional phlebotomies may not be necessary. Proper treatment of the underlying condition in polycythemia, when possible, is important. Provide oxygen supplementation to patients with chronic obstructive pulmonary disease. In this case, the claimant had immediate improvement of the hematocrit. There is no documentation of using a continuous positive airway pressure (CPAP) or oxygen supplement or smoking cessation as control measures. In addition, excessive phlebotomies may result in anemia. Based on standard practice guidelines as noted above, the advanced order of 8 phlebotomies is not medically necessary.

**PROSPECTIVE REQUEST FOR 8 FOLLOW-UP VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Guidelines for Phlebotomy.

**Decision rationale:** The office visits were intended to discuss lab results. Since phlebotomies and there CBC labs are not medically necessary as mentioned above, the 8 office visits are also not medically necessary.