

Case Number:	CM14-0002352		
Date Assigned:	01/24/2014	Date of Injury:	08/22/1998
Decision Date:	12/18/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 61-year-old male who reported an injury on 08/22/1998 due to an unspecified mechanism of injury. The diagnosis was not provided. The dialysis notes indicated the injured worker received hemodialysis 3 times a week. The appointment date, dated 09/24/2013, revealed the injured worker has an AV fistula to the upper left arm with a pretreatment sitting blood pressure of 143/72, and a standing blood pressure of 150/70, pulse of 64, temp of 96.9, with weight of 83.0 kilograms. Post treatment included a blood pressure of 164/79 sitting, a standing blood pressure of 165/77, with a pulse of 73, a temperature of 97, and weight is 81.5 kilograms. Duration of transfusion was 227 minutes. The lab values then consisted of a potassium of 2, calcium 2.5, sodium 138, and bicarb of 31; last, hematocrit was 33.3. The Request for Authorization was not submitted with documentation. The rationale for the retrospective hemodialysis and injectable was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective(126 TX) Hemodialysis and Injectable: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic, Hemodialysis.

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

Decision rationale: The guidelines do not address hemodialysis specifically. The lab tests online state that the kidneys control the quantity and quality of fluids within the body. They also produce and release erythropoietin (EPO), which stimulates the bone marrow to make red blood cells, renin, which helps control blood pressure, and calcitriol, the active form of vitamin D, which is needed to maintain calcium for teeth and bones and for normal chemical balance in the body. Among the important substances the kidneys help to regulate are sodium, potassium, chloride, bicarbonate, calcium, phosphorus, and magnesium. The right balance of these substances is critical. When the kidneys are not working properly, waste products and fluid can build up to dangerous levels in the blood, creating a life-threatening situation. The documentation provided did not address any rationale as to why the injured worker was provided with 126 treatments of hemodialysis. The review was unable to obtain a clear picture as to the circumstances surrounding the medical justification for dialysis. Additionally, the documentation did not include a clinician's note. As such, the request is not medically necessary.