

Case Number:	CM14-0101235		
Date Assigned:	07/30/2014	Date of Injury:	07/17/2008
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical 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 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:

According to the medical records made available for this review, this is a 62-year-old male patient with a the date of injury of 7/17/08. Requested is a home PT/INR monitor. The documents do not indicate the mechanism of injury/illness. Problem list includes diagnoses of atrial flutter, hypertension, chronic kidney disease, long-term (current) use of anticoagulants, chronic systolic heart failure, aortic insufficiency and coronary artery disease. Per the submitted 5/23/14 report patient has stable dyspnea on exertion which is New York Heart Association class II, feels better, less palpitations ,no syncope, bleeding or TIA (transit ischemia attack). Multiple medications included aspirin, carvedilol,clopidogrel, digoxin, gabapentin, lisinopril, metformin, omeprazole, pravastatin and warfarin. (Warfarin is also known as Coumadin). Patients thus taking 3 anticoagulants/ antiplatelet medications. EKG showed atrial fibrillation, exam was unremarkable as documented. There is a diagnosis of atrial flutter/and SVT with a plan to continue current dosages and INR was pending. (International Normalized Ratio measures the blood coagulation and the effectiveness of anticoagulants such as warfarin). There is an anticoagulation visit with an anticoagulation summary as of 3/14/14 that indicated that INR: was 2.0-3.0 with the INR that day 2.2. Next check 4/14/14. None of the reports indicate this patient has any type of cognitive limitations or any musculoskeletal abnormalities that would interfere manual dexterity or that he would otherwise be unable to properly use a home monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home PT/ INR Monitor (rental or purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online <http://labtestsonline.org/understanding/analytes/pt/lab/test>. Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin # 0173 Prothrombin Time (INR) Home Testing Devices.

Decision rationale: Both California MTUS and ODG guidelines are silent on the management of chronic atrial flutter. At issue here is not whether or not the patient needs regular monitoring of his INR and PT/PTT, the issue is whether or not he should be provided with a home monitor device to do this with rather than go to a lab for the draw or have a nurse come to his home. It is evident that the patient's atrial fibrillation/flutter is chronic and has required anticoagulation therapy for greater than 3 months. It will require anti-coagulation therapy indefinitely as this is not a condition that is expected to resolve. Aetna considers prothrombin time home testing units (home INR testing) medically necessary durable medical equipment for persons who require chronic oral anticoagulation with Warfarin for, among other indications, chronic atrial fibrillation/flutter when the expected need for home INR testing is 6 or more months; and the person must have been anticoagulated for at least 3 months prior to use of the home INR devices. Search of the medical literature found 2 reference articles/studies cited above that indicate that self testing can improve the quality of anticoagulation and reduce complications as long as the patient can successfully use the device. There is no documentation that this patient would be unsuccessful or unable to use this device. It would be expected that the requesting provider would not have recommended this treatment if there were concerns that the patient could not properly utilize the device. Therefore, based upon the evidence and available guidelines and medical literature this is considered to be medically necessary.