

Case Number:	CM14-0046086		
Date Assigned:	07/02/2014	Date of Injury:	08/26/2009
Decision Date:	08/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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 patient is 60 year old male who sustained an industrial injury on 8/26/2009. He injured his left knee and underwent left knee arthroscopy. Post operatively he developed DVT and is treated with Warfarin. Venous ultrasound indicates chronic reflux suggestive of venous damage. MRI of the abdomen and pelvis has revealed severe iliac vein stenosis and continued thrombosis with possible active thrombus. The patient is noted to require chronic and lifetime anticoagulation. His is currently followed for a diagnosis of pulmonary embolism. Utilization review was performed on 4/4/14 at which time the peer reviewer stated that the requested testing is appropriate. Recommendation was made to modify the request for lifetime PT/INR testing to allow for PT/INR testing as determined by the treating provider for a period of six months. 3/25/14 exam notes that at some point consideration will be given to switching to Xarelto. A 5/5/2014 letter states that Xarelto is being requested as the patient has chronic nasal congestion which he believes started with the initiation of Warfarin in 2011. It is also stated that with Xarelto the patient would not require frequent INR testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/INR Testing x Lifetime: 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
<http://labtestsonline.org/understanding/analytes/pt/tab/tests>.

Decision rationale: The patient is currently on Warfarin and the requested testing is supported. However, the request for life time testing is not supported. The medical records indicate that a prior modification was made to allow for six month testing as determined by the treating provider. Furthermore, the medical records indicate that alternative treatment options are being considered which would not require frequent PT/INR testing. As such, the request for lifetime testing is not medically necessary.