

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0047991 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/11/2010 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 04/12/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 Rehabilitation 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 a 55 year old with an injury date on 7/11/10. Patient complains of neck and right upper extremity radiating symptoms per 3/27/14 report. Patient also suffers from increased sensitivity of fingers and shaking of right hand per 2/11/14 report. The 2/11/14 report shows patient has increased swelling in right supraclavicular area, and recent physical therapy has increased the swelling and intensity of pain radiating from neck into right hand. Based on the 3/27/14 progress report provided by [REDACTED] the diagnoses are: 1. Right thoracic outlet syndrome 2. Bilateral shoulder internal derangement 3. Status post C4-5 anterior cervical discectomy and fusion 4. Diabetes mellitus 5. Obesity An exam on 3/27/14 showed right scalene tenderness; right neck tenderness; Neurologic: right upper extremity weakness. Decreased right shoulder range of motion with impingement. [REDACTED] is requesting a Rental of a platelet harvest machine; Platelet one source procedure pack; a Smartjet spray applicator kit, and 2 tech assist hours. The utilization review determination being challenged is dated 4/12/14. The UR states: The requested items were requested in relation to the production and application of platelet rich plasma autologous fibrin glue for peri-operative use. The estimated blood loss at the time of the procedure was only 6cc, and all bleeding blood vessels were adequately addressed by bipolar electrocoagulation, so there was no medical need for any additional forms of hemostasis. [REDACTED] is the requesting provider, and he provided treatment reports from 9/10/13 to 3/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Platelet Harvest Machine: 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 Aetna Clinical Policy Bulletin:http://www.aetna.com/cpb/medical/data/200_299/0285.html Plasmapheresis/Plasma Exchange/Therapeutic Apheresis Number: 0285 Policy.

Decision rationale: This patient presents with neck pain radiating into right upper extremity and is status post bilateral shoulder surgery from 2011 and 2012, and ACDF (anterior cervical discectomy and fusion) at C4-5 from 2013. The treater has asked for a Rental of a platelet harvest machine but the request for authorization was not included in provided reports. Patient underwent an external neurolysis of right brachial plexus, internal neurolysis of right brachial plexus, and decompression of right subclavian artery on 3/31/14 with normal platelet levels pre-operatively, and with estimated blood loss of 5cc. Treater addressed bleeding with electrocoagulation only per 3/31/14 operative report. Regarding plasmapheresis, there is no discussion in ACOEM, MTUS or ODG. Aetna policy bulletin considers plasmapheresis, a similar procedure, medically necessary for 25 conditions including multiple sclerosis, babesiosis, polyneuropathy, thrombocythemia, and various other disorders that require platelet infusion. In this case, patient does not present with any of the indications required by Aetna for a blood platelet harvest machine. Patient had normal platelet levels pre-scalenectomy and only 5cc of blood loss and handled the operation well. There is no documentation regarding any blood disorders that may have required a platelet harvesting. In this case, the treater has asked for a rental of a platelet harvest machine, which is not medically necessary at this time. Recommendation is for denial.

Platelet-One Source Procedure Pack: 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 APC+ Procedure Packs Source One Brand Procedure Packs have no online reference. <http://www.semomarketplace.com/marketplace/dexter-area/businesses/heartland-healing-specialists-llc/features/5284/>.

Decision rationale: This patient presents with neck pain radiating into right upper extremity and is status post bilateral shoulder surgery from 2011 and 2012, and ACDF at C4-5 from 2013. The treater has asked Platelet one source procedure pack but the request for authorization was not included in provided reports. According to their website, APC+ procedure packs are a do-it-yourself kit for producing platelet concentrate. Patient underwent an external neurolysis of right brachial plexus, internal neurolysis of right brachial plexus, and decompression of right subclavian artery on 3/31/14 with normal platelet levels pre-operatively, and with estimated blood loss of 5cc. Treater addressed bleeding with electrocoagulation only per 3/31/14 operative report.

Regarding plasmapheresis, there is no discussion in ACOEM, MTUS or ODG. Aetna policy bulletin considers plasmapheresis medically necessary for 25 conditions including multiple sclerosis, babesiosis, polyneuropathy, thrombocytopenia, and various other disorders that require platelet infusion. In this case, patient does not present with any of the indications required by Aetna for plasmapheresis. Patient had normal platelet levels pre-scalenectomy, and only 5cc of blood loss and handled operation well. There are no documentation regarding any blood disorders that may have required a platelet harvesting. The requested platelet procedure pack is not considered medically necessary for patient's condition. Recommendation is for denial.

Smartjet Spray Applicator Kit: 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 Harvest Technologies: Smartjet Applicator <http://www.harvesttech.com/accessories-product-details>.

Decision rationale: This patient presents with neck pain radiating into right upper extremity and is status post bilateral shoulder surgery from 2011 and 2012, and ACDF at C4-5 from 2013. The treater has asked for a Smartjet spray applicator kit but the request for authorization was not included in provided reports. Patient underwent an external neurolysis of right brachial plexus, internal neurolysis of right brachial plexus, and decompression of right subclavian artery on 3/31/14 with normal platelet levels pre-operatively, and with estimated blood loss of 5cc. Treater irrigated incision with normal saline solution and 40mg of Depo-Medrol was placed to reduce inflammation per 3/31/14 operative report. Regarding liquid spray applicators, MTUS, ACOEM, ODG, and Aetna are silent. According to their website, Smartjet Spray Applicator is a plastic gun designed to facilitate pre-mixing of bone graft materials for application to an orthopedic surgical site, with I.V. fluids, autologous blood, plasma, platelet rich plasma, or other specific blood components. In this case, the treater has asked for a spray applicator kit, ostensibly for applying Depo-Medrol post 3/31/14 scalenectomy, but does not explain why such a complicated spray applicator is necessary as opposed to a normal intravenous injection. Recommendation is for denial

2 Tech Assist hours:

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 Official Disability Guidelines (ODG) - Endocrine/Nervous System Surgery and the Aetna Clinical Policy Bulletin Brachial Plexus Surgery.

Decision rationale: This patient presents with neck pain radiating into right upper extremity and is status post bilateral shoulder surgery from 2011 and 2012, and ACDF at C4-5 from 2013. The

treater has asked 2 tech assist hours but the request for authorization was not included in provided reports. Patient underwent an external neurolysis of right brachial plexus, internal neurolysis of right brachial plexus, and decompression of right subclavian artery on 3/31/14 with normal platelet levels pre-operatively, and with estimated blood loss of 5cc. Treater addressed bleeding with electrocoagulation only per 3/31/14 operative report. Regarding Brachial Plexus Surgery, ACOEM, MTUS, and ODG are silent. Aetna Clinical Policy Bulletin considers neuroplasty (neurolysis or nerve decompression) medically necessary for the treatment of brachial plexus neuromas and other brachial plexus lesions. The policy bulletin, however, does not state that the surgery is so complex as to require the assistance of multiple staff to perform. Regarding internal neurolysis, ODG does state that the procedure requires use of operating microscope, but it appears the procedure can be performed without staff assistance. In this case, requested 2 tech assist hours for a recent scalenectomy is not considered medically necessary. Recommendation is for denial.