

Case Number:	CM14-0056646		
Date Assigned:	07/09/2014	Date of Injury:	07/11/2013
Decision Date:	08/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Neurological Surgery 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 49-year-old male who was reportedly injured on July 11, 2013. The mechanism of injury is noted as driving a forklift over bumpy ground. The most recent progress note dated December 6, 2013, indicated that there were ongoing complaints of neck pain radiating to the right shoulder blade, headaches, and low back pain. Current medications include Norco, Robaxin, Celebrex and topical creams. The physical examination demonstrated a positive right sided straight leg raise and weakness at the right sided extensor hallucis longus and tibialis anterior rated at 4/5. Additional chiropractic therapy was recommended. Medrox patches and flurbiprofen cream were prescribed. Previous treatment included lumbar epidural steroid injections and a lumbar discectomy and fusion at L4-L5 and L5-S1. A request had been made for an OrthoPAT machine and supplies and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthopat machine and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Boese, Clifford kent, et al.

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:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3215119/>.

Decision rationale: According to the US National Library of Medicine, a study in the Iowa Orthopedic Journal compared the efficacy and cost-effectiveness of the blood salvage system such as the OrthoPAT with traditional blood replacement methods and found that the OrthoPAT system did not significantly reduce antibiotic rates and is not cost-effective for general surgery. Even when using a sample of only high-risk patients, the results were closer; however, the OrthoPAT system still significantly increased blood management costs. Therefore, this request for the use of an OrthoPAT machine and supplies is not medically necessary.