MAXIMUS Federal Services

Case Number:	CM14-0061616		
Date Assigned:	07/09/2014	Date of Injury:	06/18/2013
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female who reported an injury on 06/18/2013. The mechanism of injury involved a fall. The current diagnosis is lumbar discopathy. A clinical letter was submitted on 05/05/2014 as an appeal to a decision to deny coverage for a Cell Saver Machine. It is noted that a previous physician requested the use of a platelet gel harvest machine/cell saver for the injured worker's surgery, which occurred on 04/07/2014 for the diagnosis of lumbar discopathy. It was noted that the Cell Saver Elite machine offered a technique for salvaging and reinfusing red blood cells to the patient during surgery. Reconsideration and payment for services was recommended at that time. There was no physician progress report or Request for Authorization Form submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell Saver Machine 1 day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Cell Saver in Adult Lumbar Fusion Surgery: A Cost- Benefit Outcomes Studyhttp://www.ncbi.nlm.nih.gov/pubmed/15247582.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cts.usc.edu. University of Southern California.

Cardiothoracic Surgery. Copyright Â© USC Cardiothoracic Surgery. Cell Saver (Intraoperative Cell Salvage Machine).

Decision rationale: According to an article in the University of Southern California Cardiothoracic Surgery, a Cell Saver Machine suctions, washes, and filters blood so it can be given back to the patient instead of being thrown away. The Cell Saver is a viable alternative for patients with religious objections to receiving blood transfusions. The injured worker does not meet criteria for the requested medical equipment. There is no documentation of the injured worker's previous surgical procedure. There is no mention of a contraindication to traditional treatment as opposed to an intraoperative cell salvage machine. There was no mention of any religious objections to receiving blood transfusions. The physician progress report on the requested date was not provided. As the medical necessity has not been established, the request is non-certified.

Cell Saver Disposal Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Blood Auto Transfusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Technical Assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.