MAXIMUS Federal Services

Case Number:	CM14-0070008		
Date Assigned:	07/14/2014	Date of Injury:	01/10/2001
Decision Date:	08/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 41-year-old woman with a date of injury of 01/10/2001. The submitted and reviewed documentation did not identify the mechanism of injury. An orthopedic office visit note by the treating physician dated 04/28/2014 and office visit notes by the treating physician dated 02/13/2014, 03/13/2014, and 04/10/2014 indicated the worker was experiencing worsening severe neck pain that went into the left arm with associated numbness in the first three fingers. The documented examinations consistently recorded neck tenderness and a strongly positive Spurling's sign. An imaging report of a MRI of the cervical spine by the treating physician dated 03/10/2014 described moderate to severe left central spine stenosis and severe left with moderate right foraminal stenosis at the C5 level. The reviewed records concluded the worker was suffering from cervical radiculopathy and mild carpal tunnel syndrome. The treatment included medication injected into the left wrist, a cervical pillow, and oral medications. The orthopedic visit note by the treating physician dated 04/28/2014 recommended upper spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Partial Thrombin Time Test: 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 Other Medical Treatment Guideline or Medical Evidence:Zehnder JF, et al. Clinical use of coagulation tests. Topic 1368, version 26.0. UpToDate, accessed 08/06/2014.Smetana GW, et al. Pre-operative medical evaluation of the healthy patient. Topic 4816, version 35.0. UpToDate, accessed 08/06/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Partial Thromboplastin Time (PTT) testing assesses a specific part of the blood clotting system. This test is used when there are history and/or examination findings that are concerning for a problem with bleeding or clotting. The submitted and reviewed documentation concluded the worker was suffering from a radiculopathy related to a problem in the upper spine. The spine surgery was recommended. The submitted and reviewed records did not indicate any history or describe any examination findings that suggested an issue with bleeding or clotting. There was no discussion of a need for this blood test. The literature does not recommend routine PTT testing before surgery unless the history or examination shows findings concerning for a bleeding or clotting issue. In the absence of such evidence, the current request for partial thromboplastin time (PTT) testing is not medically necessary.

One Prothrombin/International Normalized Ratio Test: 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 Other Medical Treatment Guideline or Medical Evidence:Zehnder JF, et al. Clinical use of coagulation tests. Topic 1368, version 26.0. UpToDate, accessed 08/06/2014.Smetana GW, et al. Pre-operative medical evaluation of the healthy patient. Topic 4816, version 35.0. UpToDate, accessed 08/06/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Prothrombin (PT) testing assesses a specific part of the blood clotting system. The international normalized ratio (INR) is a standardization of the physical therapy (PT) test so measurements can easily be compared among different laboratories. These tests are used when there are history and/or examination findings that are concerning for a problem with bleeding or clotting and when specific medications to block clotting are taken. The submitted and reviewed documentation concluded the worker was suffering from a radiculopathy related to a problem in the upper spine. Spine surgery was recommended. The submitted and reviewed records did not indicate any history or describe any examination findings that suggested an issue with bleeding or clotting or that the worker was taking any of the specific medications to block clotting. There was no discussion of a need for these blood tests. The literature does not recommend routine PT or INR testing before surgery unless the history or examination shows findings concerning for a bleeding or clotting issue. In the absence of such evidence, the current request for prothrombin (PT) and international normalized ratio (INR) testing is not medically necessary.