

Case Number:	CM14-0114345		
Date Assigned:	08/04/2014	Date of Injury:	11/27/2000
Decision Date:	01/26/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 Emergency Medicine 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 72-year-old male, who sustained an injury on November 27, 2000. The mechanism of injury is not noted. Treatments have included: pacemaker, medications. The current diagnoses are: coronary artery disease, atrial flutter/fibrillation, heart block. The stated purpose of the request for Purchase of Home Prothrombin Time Machine was not noted. The request for Purchase of Home Prothrombin Time Machine was denied on June 17, 2014, citing a lack of documentation of medical necessity. Per the report dated June 10, 2014, the treating physician noted that the injured worker is stable and is being prescribed Warfarin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home Prothrombin Time 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 Internet research <http://labtetsonline.org/understanding/analytes/pt/lab/test>

Decision rationale: The requested Purchase of Home Prothrombin Time Machine is not medically necessary. CA MTUS and ODG are silent on this issue. Internet research was

<http://labetsonline.org/understanding/analytes/pt/lab/test>. noted that prothrombin lab tests needs to be monitored periodically for patients taking anti-coagulants. The treating physician has documented that the injured worker is being prescribed Warfarin but has not documented the medical necessity for a home lab unit. The criteria noted above not having been met, Purchase of Home Prothrombin Time Machine is not medically necessary.