

Case Number:	CM14-0182438		
Date Assigned:	11/07/2014	Date of Injury:	07/18/1982
Decision Date:	01/23/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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, and is licensed to practice in Maryland. 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 employee was an 87 year old male who sustained an injury on 07/18/82. The progress notes from May 2014 was reviewed. He had a history of atrial fibrillation post bioprosthetic AVR in 01/2013 and suffered an unexplained TIA after the surgery. The claimant was placed on anti platelet agent that had to be discontinued due to iron deficiency anemia. In May 2014, he suffered an episode of transient confusion lasting about 5 minutes, and was found to have a small infarct noted on the MRI and PFO. He was placed on Lovenox and Warfarin since then. His medications included Crestor, Hydrochlorothiazide, Losartan, Metoprolol, Protonix and Warfarin. The INR from 08/07/14 was 2.7. The request was for PT/INR monitoring meter for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/INR Meter for Home Monitoring up to Daily Usually Once Weekly: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PT/INR Monitoring: abtestonline.org last updated 05/24/2012 abtestonline.org/understanding/analytes/pt/tab/test

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: www.uptodate.com, Outpatient management of anticoagulant with warfarin

Decision rationale: The employee was an 87 year old male who sustained an injury on 07/18/82. The progress notes from May 2014 was reviewed. He had a history of atrial fibrillation post bioprosthetic AVR in 01/2013 and suffered an unexplained TIA after the surgery. The claimant was placed on anti platelet agent that had to be discontinued due to iron deficiency anemia. In May 2014, he suffered an episode of transient confusion lasting about 5 minutes, and was found to have a small infarct noted on the MRI and PFO. He was placed on Lovenox and Warfarin since then. His medications included Crestor, Hydrochlorothiazide, Losartan, Metoprolol, Protonix and Warfarin. The INR from 08/07/14 was 2.7. The request was for PT/INR monitoring meter for home use. According to the Uptodate article on outpatient management of anticoagulation with warfarin, whenever possible, the patient be enrolled in either a self management anticoagulation program or an anticoagulation clinic since they offer better overall anticoagulation control and fewer anticoagulation related side effects than standard management programs. The employee had diagnoses of atrial fibrillation and possible PFO with recent stroke. He also had aortic valve replacement history. He was on chronic Warfarin therapy and hence home meter for INR monitoring for self management seems appropriate.