

Case Number:	CM14-0192901		
Date Assigned:	11/26/2014	Date of Injury:	11/18/2010
Decision Date:	01/20/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Orthopedic Surgeon and is licensed to practice in Florida and Georgia. 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 59-year-old female who reported injuries due to a motor vehicle accident on 11/18/2010. On 09/12/2014, her diagnoses included C4-T1 cervical spondylosis with segmental instability, kyphotic deformity, and neural compression with progressive neurologic deficit, bilateral upper extremities. She underwent a C4-T1 anterior cervical microdiscectomy, partial carpectomy, reduction of listhesis/instability, and a C4-5, C6-7, C7-T1 anterior cervical fusion. Her estimated total blood loss was 50 ml. There was no rationale included in this injured worker's chart. A Request for Authorization dated 09/12/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Retrospective request for blood collection including use of Cell Saver Machine, surgical supplies and technician, DOS 9/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ATENA Clinical Policy Bulletin: Autotransfusers

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Boese, C. K., Gallo, T. J., Weis, M., Baker, R., Plantikow, C. J., & Cooley, B. (2011). EFFICACY AND COST-EFFECTIVENESS OF A BLOOD SALVAGE SYSTEM IN PRIMARY TOTAL KNEE ARTHROPLASTY--A

RETROSPECTIVE MATCH-CONTROLLED CHART REVIEW. The Iowa orthopaedic journal, 31, 78

Decision rationale: The request for Associated Surgical Services: Retrospective request for blood collection including use of Cell Saver Machine, surgical supplies and technician, DOS 9/12/14: was not medically necessary. The results of this study suggest that the use of blood salvage systems should be considered only in patient populations most at risk for blood transfusion. The surgery performed on this injured worker was not a surgery at high risk for copious blood loss. The operative report verified that the total blood loss estimate was 50 ml. The need for autologous blood collection was not clearly demonstrated in the submitted documentation. Additionally, the type and quantity of supplies was not specified. Therefore, this request for Associated Surgical Services: Retrospective request for blood collection including use of Cell Saver Machine, surgical supplies and technician, DOS 9/12/14: is not medically necessary.