

<b>Case Number:</b>	CM14-0050360		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 52-year-old male who reported an injury on 11/19/2010. The injured worker reportedly suffered a pulmonary embolism when driving a truck. The current diagnoses include recurrent pulmonary embolism, history of DVT, coronary artery disease, GERD, history thoracic compression fracture, history of hernia, and history of rib fracture with removal of left sided ribs. The latest physician progress report submitted for review is documented on 01/21/2014. The injured worker presented with complaints of nocturnal chest discomfort, along with bilateral lower extremities edema. Vital signs in the office were stable with a blood pressure of 134/92 and a heart rate of 68. The chest was clear to auscultation bilaterally and cardiovascular examination revealed a regular heart rate and rhythm. The injured worker was status post echocardiogram, which revealed enlarged left ventricular cavity with normal left ventricular contractility with an ejection fraction of 55% to 60%. There was left atrial enlargement with mild mitral, mild tricuspid insufficiency. A lower extremity venous duplex study was recommended given the injured worker's lower extremity edema. It was also noted that the injured worker was utilizing amlodipine, metoprolol, and benazepril. Recommendations included a decrease in amlodipine to 5 mg daily. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Portable Coumadin Monitor (blood Disorder): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), Chapter 7, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there was no indication that this injured worker required frequent Coumadin monitoring. There was no recent physician progress report submitted for review. Additionally, there was no mention of a contraindication to outpatient laboratory monitoring as opposed to a home monitoring device. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate.