MAXIMUS Federal Services

Case Number:	CM15-0203909		
Date Assigned:	10/26/2015	Date of Injury:	01/12/2003
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 65 year old male who sustained an industrial injury on 1-12-03. A review of the medical records indicates he is undergoing treatment for arteriosclerotic cardiovascular disease, palpitations, atrial fibrillation, hyperlipidemia, transient ischemic attack, degenerative joint disease, asymptomatic gallstones, and metabolic abnormalities, including hyperglycemia and cholesterolemia. Medical records (8-11-15) indicate no atrial fibrillation, no bleeding, and rare premature ventricular contractions. The record notes a "rising prostatic-specific antigen". The treating provider indicates that prior cerebrovascular accidents - transient ischemic attacks and the need for long-term anticoagulation were discussed. The provider also indicates that he has "un-operated" gallstones and is asymptomatic. It was suggested that the injured worker have further treatment of and resolution of arrhythmias prior to elective surgery. The mechanisms of atrial fibrillation and the importance of anticoagulation use were reviewed. The physical exam reveals no jugular vein distention. Heart rate and rhythm are noted to be "normal". Heart sounds are noted to be "normal". No murmurs were heard. The apical rate is noted to be 132 and irregularly irregular at rest and a peripheral pulse rate of 88. No edema is present. Diagnostic studies have included an electrocardiogram and INR blood tests. His INR range from 8-25-15 to 9-25-15 is noted to be 1 - 3.5. Treatment has included medication, including Amiodarone, Diltiazem, Lipitor, Prostate tabs, Multivitamin, and Warfarin. His Warfarin dose on 8-11-15 was 5mg tablets, 1 ½ tablets daily. Treatment has also included a low cholesterol, high fiber diet, regular exercise, and education. The utilization review (9-30-15) includes a request for authorization of at home INR monitoring training and reporting service x12. The request was modified to home INR monitoring training reporting service 12 months with a review every 90 days to determine continued clinical need.

IMR ISSUES, DECISIONS AND RATIONALES

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

At Home INR Monitoring Training/Reporting Service x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/20738046.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/100_199/0173.html.

Decision rationale: Pursuant to the Aetna clinical policy bulletin, at-home INR monitoring training/reporting services times 12 is not medically necessary. Aetna considers prothrombin time home testing units/home INR testing (e.g., the Coag-Sense Self-Test PT/INR Monitoring System, the CoaguChek XS Plus System, and the INRatio 2 PT/INR Monitoring System) medically necessary durable medical equipment for persons who require chronic oral anticoagulation with warfarin for a mechanical heart valve, ventricular assist device, chronic atrial fibrillation, deep venous thrombosis, pulmonary embolism, venous embolism and thrombosis of deep vessels of lower extremity, or hypercoagulable states (e.g., antithrombin III deficiency, Factor V Leiden, protein C deficiency, and protein S deficiency, etc) when both of the following criteria are met: 1. The expected need for home INR testing is 6 or more months; and 2. The person must have been anticoagulated for at least 3 months prior to use of the home INR devices.Aetna considers prothrombin time home testing units experimental and investigational for all other indications (e.g., arterial embolism to the eye, atrial flutter, and Kawasaki disease) because its effectiveness for indications other than the ones listed above has not been established. Aetna considers additional hardware/software systems needed for down-loading data from prothrombin time home testing units to computers for the management of anticoagulation as not medically necessary convenience items. In this case, the injured worker's working diagnoses are unspecified atrial fibrillation, hyperlipidemia, and stroke syndrome. The frequency of INRs are clinical decision best made by the treating provider based on history, physical examination, past medical history, compliance and side effects (if any) and increased bleeding. Approval for INR should be approved on 90 day intervals. Date of injury is January 12, 2003. Request for authorization is September 23, 2015. According to August 11, 2015 progress note, the injured worker presents for a four-month reevaluation. The injured worker is status post follow-up for atrial fibrillation ablation, current medical treatment and anticoagulation. Medications include amiodarone, diltiazem, Lipitor, prostate tablets, MVI, warfarin 5 mg 1 1/2 tablets daily. Objectively, vital signs are normal with a blood pressure of 136/74, heart rate 72 and regular. Heart and lung examination were normal with a regular rhythm. There is no clinical discussion, indication or rationale for the home INR monitoring unit. There is no clinical discussion, indication or rationale for INR monitoring training/reporting services. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation including a clinical discussion, indication and rationale for INR home monitoring versus follow-up at the physician’s office versus follow-up with a home health services, at-home INR monitoring training/reporting services times 12 is not medically necessary.