

<b>Case Number:</b>	CM14-0094988		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Surgery 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:

This 66-year-old retired male police officer sustained an industrial injury on 8/7/12. The mechanism of injury was not documented. Past medical history was positive for diabetes. Past surgical history was positive for left knee arthroscopy and L2-S1 decompressive laminectomy with posterior lumbar fusion on 9/6/13. Records indicated the patient stood 5'4" and weighed 199 pounds. The patient had progressive worsening left knee pain that failed to improve with conservative treatment. The patient underwent a left total knee arthroplasty on 5/16/14. The surgeon requested the use of the OrthoPat machine on the date of knee surgery. Records indicated that the surgeon used this device for all of his total knee replacement patients and it was good for reducing blood loss before, during, and after surgery. The 6/4/14 utilization review denied the request for the use of the OrthoPat machine and associated equipment/services as there was no indication that the patient had significant risk factors to support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Applicator Kit - Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.

**Ortho Pat Machine - 1 day Rental:** 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 Other Medical Treatment Guideline or Medical Evidence: Boese CK1, Gallo TJ, Weis M, Baker R, Plantikow CJ, Cooley B; Efficacy and cost-effectiveness of a blood salvage system in primary total knee arthroplasty--a retrospective match-controlled chart review. Iowa Orthop J. 2011;31:78-82

**Decision rationale:** The California Medical Treatment Utilization Schedule, Official Disability Guidelines, and National Guideline Clearinghouse do not provide specific guidance for autotransfusion systems during total knee replacement surgery. Current peer-reviewed literature noted that use of the OrthoPat system significantly increased blood management costs. The most recent published studies suggest that the OrthoPat system can be cost-effective in high risk patients, such as those under 75 kg. It was recommended that the efficacy and cost of blood salvage systems be systemically evaluated prior to their routine use in orthopedic surgical patient populations. The use of blood salvage systems should be considered only in patient populations most at risk for blood transfusion. Guideline criteria have not been met. There are no significantly increased risk factors noted for this patient relative to blood transfusion. This patient weighs 90.26 kg according to the records. The surgeon has indicated that this machine was routinely used for all his patients. Therefore, this request is not medically necessary.

**Reservoir- Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.

**Blood Units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.

**Technician assistance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.

**Transfusion Service:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.