

Case Number:	CM14-0099776		
Date Assigned:	08/01/2014	Date of Injury:	04/08/2010
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 68-year-old male with a reported injury on 04/08/2010. The injured worker's diagnoses included acute postoperative left shoulder pain status post left shoulder replacement surgery, work related injury, complete blindness, and hypertension. The injured worker did have a rotator cuff arthropathy repair on 04/17/2014. The injured worker also had an examination on 04/17/2014 for consultation regarding his acute pain. His labs prior to the surgery were that he had a 45 hematocrit, which normal is 42 to 54, and his platelet count was 145,000, which normal is 150,000. Less than 50,000 would be a risk for bleeding. Upon examination previously, the injured worker had a torn rotator cuff repair, but it was unsuccessful. He was limited in his mobility due to the lack of rotator cuff function. The injured worker had a preoperative examination on 03/20/2014 which mentioned that the injured worker met the criteria for considering the surgery due to the fact that he was over the age of 65 and he had good intact bone with functioning deltoid. He also had moderate wear of the joint with complete absence of a rotator cuff. The recommended plan of treatment was for him to have a reverse total shoulder arthroplasty. Following the shoulder surgery, it was suggested for him to have a sling with an abduction pillow, a thermacooler rental for 4 weeks for the pain, a continuous passive motion machine for range of motion, and physical therapy twice a week. There was no mention that the injured worker was a high bleed risk. There was no mention in the examination regarding an Orthopat machine and the need for it. During the operation report on 04/17/2014, it was mentioned that they used a cell saver to capture any blood loss and at the end of the surgery. There was 200 ml of blood loss. There was no indication previously that there was anticipated blood loss. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopat Machine, Orthopat Reservoir and process set, Technician Assistance, Transfusion, Blood, surgical supplies, one day rental only for surgery 04/17/14: 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 :perioperative cell salvage, <http://ceaccp.oxfordjournals.org/content/10/4/104.full>.

Decision rationale: The California MTUS Guidelines and the ACOEM Guidelines do not address this request. The Official Disability Guidelines do not address this request either. The Oxford Journal of Medicine and Health states the criteria for a cell salvage include (1) if there is an anticipated intraoperative blood loss of greater than 1 liters or 20% of blood volume, (2) if there is preoperative anaemia or increased risk factors for bleeding, (3) if the patients have a rare blood group or antibodies, (4) if the patients refuse to receive allogenic blood transfusions. There was no evidence of anticipated intraoperative blood loss of more than 1 liters. In fact, evidence showed only blood loss of only about 200 ml. There was no preoperative anemia or increased factors for bleeding. The injured worker's hematocrit was within normal limits and the platelets were a little bit low, 145,000, which the normal is 150,000, and if they are less than 50,000, then they are a bleed risk. The blood type of the injured worker was not provided and there was no evidence that there was a red blood group or antibodies. There was no evidence that the injured worker refused to receive a blood transfusion for any reason. There is a lack of clinical information and evidence to support the medical necessity of this Orthopat machine. Therefore, the request for Orthopat Machine, Orthopat Reservoir and process set, Technician Assistance, Transfusion, Blood, surgical supplies, one day rental only for surgery 04/17/14 is not medically necessary and appropriate.