

Case Number:	CM15-0079873		
Date Assigned:	04/30/2015	Date of Injury:	08/31/2011
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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
 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 66 year old male, who sustained an industrial injury on 8/31/2011. He reported neck, left shoulder, and left knee pain. The injured worker was diagnosed as having cervical disc herniation, shoulder sprain, and knee sprain, chronic left shoulder pain, chronic cervical pain, chronic left knee pain, and chronic headaches. Treatment to date has included medications, magnetic resonance imaging of left knee, and modified duty. The request is for a bleeding test. On 3/10/2015, he complained of continued neck, left shoulder, and left knee pain. He reports having slight headaches. The records indicate he has had good response with Lidoderm patches. The treatment plan included shoulder surgery, magnetic resonance imaging of shoulder, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bleeding Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/platelet-function/tab/test>.

Decision rationale: According to labtestsonline.org, bleeding test time is to help determine the cause of or potential for excessive bleeding and/or to diagnose a platelet function disorder; to monitor and evaluate platelet function; to monitor the presence and effectiveness of anti-platelet medications. In this case, the medical records do not establish the medical necessity of this request. Per the Request for Authorization form, this request is being requested for surgical planning. However, the medical records do not establish that surgical intervention has been supported at this time. As such, the request for 1 Bleeding Test is not medically necessary and appropriate.