

Case Number:	CM13-0018822		
Date Assigned:	11/06/2013	Date of Injury:	05/09/2002
Decision Date:	10/23/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/30/2013

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:

The claimant is a 42 year old gentleman with a documented date of injury on 02/08/02. The clinical records provided for review specific to the claimant's low back document that he underwent lumbar laminectomy and posterior fusion with instrumentation on 07/22/13. The claimant was to be discharged on 07/25/13 but on that date experienced urinary retention with difficulty voiding. A Foley catheter was re-inserted. The medical records on 07/25/13 also noted that the claimant still struggling with physical therapy in terms of range of motion and coordinated gait and continued using the . He was still receiving Dilaudid via a PCA. The medical records indicate that the claimant was ultimately discharged on 07/28/13. Unfortunately, there were no clinical records from 7/26, 7/27, or 7/28 for review. Other than the claimant's postoperative urinary retention on 7/25, there was no indication of complications noted in the individual's postsurgical course of care. This is a retrospective request for the additional inpatient stays from 7/25/13 to 7/28/13 that would have been in addition to the already authorized three inpatient days of 7/22/13 to 7/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 3 days, inpatient stay from 7/25/2013 TO 7/28/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Hospital length of stay (LOS).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines for inpatient length of stay following a fusion, three days would be supported following the procedure in question. While this individual is noted to experience urinary retention on post operative day number three, consideration for an additional inpatient day on 07/25/13 would have been necessary. However, there is no documentation in the medical records to support the additional stay of 07/26/13 to 07/28/13 for inpatient medical care. Without formal documentation of postoperative findings that would support the need for acute inpatient care, the claimant could have been managed in a lesser intense setting. Therefore, the request for inpatient stay from 07/25/13 to 07/28/13 cannot be supported as medically necessary.