

Case Number:	CM13-0031658		
Date Assigned:	12/04/2013	Date of Injury:	04/02/2003
Decision Date:	05/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 42 year-old female with a 4/2/2003 industrial injury claim. According to the 7/25/13 orthopedic report, the patient presents with increasing neck pain and there is numbness in both hands, and posterior scapular pain. She has cervical fusion 13-days ago and was doing well, but has some difficulty swallowing and hoarseness of voice. Her diagnoses included radiculopathy in the C7-C8 distribution. The IMR application shows a dispute with the 9/17/13. UR decision on an inpatient stay from 7/12-7/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT STAY FROM 7/12/2013 TO 7/15/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter online, for Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter online, for Hospital length of stay.

Decision rationale: The Official Disability Guidelines (ODG) for Hospital length of stay for a cervical anterior fusion without complications is 1-day. Based on the medical records provided for review the 7/12/13 operative report note that there were no complications, and bleeding was minimal. There was no mention of excessive pain or red flag conditions. Additionally, the inpatient stay from 7/12/13 to 7/15/13 exceeds the ODG recommendations. The request for inpatient stay from 7/12/13 to 7/15/13 is not medically necessary and appropriate.