MAXIMUS Federal Services

Case Number:	CM14-0010264		
Date Assigned:	02/21/2014	Date of Injury:	03/08/2013
Decision Date:	07/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Surgeon 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 51-year-old male who reported an injury on 03/08/2013. The mechanism of injury was not provided within the medical records. The operative note dated 02/03/2014 revealed a diagnosis of cervical stenosis. The procedure was for bilateral C5-6, C6-7 anterior cervical fusion bilateral C5-6 and C6-7 anterior cervical discectomy and decompression, application of prosthetic interbody cage C5-6, C6-7 application of segmental instrumentation C5-6, C6-7 dissection of the neural elements with surgical microscope use of surgical fluoroscopy harvesting of local auto graft bone neuromonitoring and the use of graft matrix graft extender. There were no complications with the injured worker's surgery. The orthopedic spine progress note dated 02/04/2014 hospital day 1 indicated no events over night. The injured worker denied pain, numbness or tingling to upper or lower extremities bilaterally minimal dysphagia. On physical examination, the injured worker's strength was normal and sensation was intact. The incision dressing was clean, dry and intact with no hematoma. The injured worker's pain was well controlled and the injured worker was tolerating a regular diet. The injured worker's hospital day 2, dated 02/05/2014, the injured worker denied pain, numbness or tingling to upper or lower extremities bilaterally. The injured worker's pain was controlled by Norco. The injured worker was tolerating a by mouth diet. The injured worker's prior treatments have included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Benecar, Neurontin, Colace, Norco, and Valium. The provider submitted a request for postoperative hospital stay 2 days inpatient. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE HOSPITAL STAY TWO (2) DAYS INPATIENT QTY:2.00: 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 and Upper Back, 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 and Upper Back, Hospital length of stay.

Decision rationale: The request for Post Operative Hospital Stay Two (2) Days Inpatient QTY:2.00 is not medically necessary. The Offiicial Disability Guidelines (ODG) recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. The guidelines also state for Cervical Fusion, Anterior Actual data -- median 1 day; mean 2.2 days. Best practice target (no complications) -- 1 days. The injured worker had Cervical Fusion, Anterior, according to the operative report, there were no complications with the injured workers surgery. The injured worker's pain was well controlled and the incision with the dressing was clean, dry and intact with no hematoma. Therefore, per the guidelines, the request for Post Operative Hospital Stay Two (2) Days Inpatient QTY: 2.00 is not medically necessary.