

Case Number:	CM14-0011849		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2006
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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 Internal Medicine 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 patient is a 56 year old male who was injured on 06/19/2006 due to a work related cumulative mechanism. Admission note dated 11/06/2013 states the patient has a complaint of right lower extremity ulcer. He has chronic venous insufficiency secondary to DVT in his right lower extremity. The patient goes to the wound clinic twice a week. The patient also complained of intermittent pain at the ulcer site which he rates is a 9/10. Medications include Coumadin 5 mg, and blood pressure medications. On exam, the extremities have no edema. An ultrasound of his lower extremity showed no evidence of deep vein thrombosis involving either lower extremity. Impressions are right lower extremity ulcer and history of deep venous thrombosis. The plan includes admitting the patient to MedSurg unit and start IV antibiotics and his pain will be controlled with Dilaudid. He is to continue his Coumadin 5 mg daily. Prior UR dated 01/10/2014 states the request for an in-hospital stay one week for infection of the right leg is non-certified; however, it is found to be medically necessary and a hospital stay from January 8th to January 10th is certified based on information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN HOSPITAL STAY FOR 1 WEEK FOR INFECTION OF THE RIGHT LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Swartz MN. Clinical practice, Cellulitis. N Engl J Med. Feb 26 2004.

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

Decision rationale: The Official Disability Guidelines (ODG) recommends hospitalization for wound debridement and treatment of an underlying infection. The number of nights recommended will vary on a case by case basis, which may average 7-10 nights. The clinical data did not provide sufficient documentation to justify inpatient hospitalization for this patient. There was no history and physical on admission or daily progress notes. There was also no documentation of which antibiotics were administered along with any consultants or procedures which may have been required. There was insufficient documentation of a physical exam to demonstrate an infection or provide a clinical course of the infection. Furthermore, there was no discharge summary for the hospitalization to summarize the course of events. Based on the guidelines and criteria as well as the lack of clinical documentation stated above, the request for in hospital stay for 1 week for injection of the right leg is not medically necessary and appropriate.