MAXIMUS Federal Services

Case Number:	CM14-0019217		
Date Assigned:	04/21/2014	Date of Injury:	04/23/2013
Decision Date:	07/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 record notes a 52-year-old individual with a date of injury noted to be April 23, 2013. The medical record provides documentation that the claimant has persistent neck and bilateral arm pain with a herniated disc and foraminal stenosis at the C5-6 and C6-7 level. The claimant's signs and symptoms support the diagnosis noted. Imaging and electrodiagnostic studies are corroborative, and the claimant has failed to respond to conservative intervention. The record indicates that an anterior cervical decompression and fusion at the C5-6 and C6-7 with instrumentation and bone graft has been recommended, and certified. This request is for a 2-3 day stay following the proposed surgical procedure. A review of 92 pages of the medical record provides no documentation of any encounter note of significant past medical history, or any positive review of systems that would identify this claimant as a high risk for postoperative complication, for the need for the management of multiple comorbid conditions in the postoperative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-PATIENT 2-3 DAYS STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Hospital Length Of Stay Section.

Decision rationale: The guideline recommendations for the best practice target for the hospital length of stay following the proposed surgical procedure is one day. The actual data provides a median of one day. The medical record provides no documentation of multiple comorbid conditions or past medical history that would identify this claimant as an outlier to these guideline recommendations, or suggest an increased risk of a complicated recovery. In the absence of documentation to substantiate the medical necessity to request additional stays in the hospital prior to admission, this request is recommended for non-certification. Assuming that a routine preoperative period is anticipated, there has been no clinical information provided to support a need to anticipate that the claimant will exceed the guideline recommendation for inpatient hospital stay following this procedure. The request is not medically necessary and appropriate.