

<b>Case Number:</b>	CM14-0019888		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	06/24/2003
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 claimant is a 78-year-old female who was injured on June 24, 2003 pulling a cart up a hill. She injured her left upper extremity, particularly her left shoulder. The clinical records provided for review indicate that on January 17, 2014 the claimant underwent a left shoulder revision arthroplasty utilizing a reverse shoulder. There was a specific request for a one day inpatient hospital stay between the dates of January 21, 2014 and January 22, 2014 that was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INPATIENT HOSPITAL STAY, 1 DAY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Online Edition: Chapter, Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure: Hospital Length Of Stay (LOS) Revision Arthroplasty.

**Decision rationale:** California MTUS Guidelines does not address inpatient length of stay following hospital procedures. When looking at Official Disability Guidelines, the procedure of

revision arthroplasty would support the need for one day inpatient length of stay. This individual underwent a revision arthroplasty in the form of a reverse shoulder arthroplasty. The requested one day hospital stay would be supported by (ODG) Official Disability Guidelines criteria and is medically necessary and appropriate.