

Case Number:	CM14-0110737		
Date Assigned:	08/01/2014	Date of Injury:	02/06/2010
Decision Date:	09/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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 Pennsylvania. 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 59-year-old man injured in a work-related accident on February 6, 2010. The records available for review document significant upper extremity surgical history, including left total elbow arthroplasty, ulnar nerve transposition and DeQuervain's release. Given the claimant's current physical findings, the recommendation is for a revision of the left total elbow arthroplasty to be performed. Specific to the surgery in question, there is a request for a preoperative electrocardiogram and a postoperative two-night inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (ECG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 11th Edition (web), 2013 Elbow/Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for a preoperative electrocardiogram is medically necessary, because the claimant is scheduled to undergo surgical revision of the left total elbow arthroplasty. Based on the claimant's age, the surgical clearance process and need for an inpatient hospital admission, a preoperative echocardiogram is recommended as medically necessary.

Two (2) Nights Inpatient Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 11th Edition (web), 2013 Elbow/Hospital Length of Stay (LOS).

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: elbow procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not address length of inpatient stay. Based on Official Disability Guidelines, up to a two-day inpatient stay is recommended as medically necessary following revision of a left total elbow arthroplasty. Therefore, the request for a two night inpatient stay would meet guideline criteria and be recommended as medically necessary.