

Case Number:	CM14-0125952		
Date Assigned:	08/13/2014	Date of Injury:	04/05/1994
Decision Date:	09/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 66 year old male who initially presented on 12/19/13 with lower extremity swelling, a cough, as well as decreased urine output. The clinical note dated 12/19/13 indicates the injured worker having a cough for approximately 4 weeks. No information was submitted regarding a precipitating event. The note indicates the injured worker utilizing Coumadin, Hydrocodone, Norco, and Zocor. There was also an indication of the injured worker utilizing an extensive list of additional pharmacological interventions for various ailments. The clinical note dated 12/20/13 indicates the injured worker having issues with chronic edema, fluid overload, and obesity. The note indicates the injured worker continuing with complaints of a cough which had worsened over the previous few days. The injured worker also was identified as having a rising creatinine level. The injured worker also reported a continued drop in urine output. Labs completed on 12/20/13 revealed a marginally high hemoglobin count at 11.2 and a hematocrit level of 32.8. The therapy note dated 12/21/13 indicates the injured worker stating that he was feeling terrible that day. The injured worker reported a constant ache that was rated as 7-8/10. The injured worker's past medical history is significant for a renal transplant. The note indicates the injured worker utilizing a front wheel walker for short distances. 3+/5 strength was identified throughout the lower extremities. The injured worker was able to demonstrate ambulation of 20 feet. The lab studies completed on 05/28/14, 05/30/14, 05/31/14, and 06/01/14 all indicate the injured worker showing a high uric level with stabilization on 06/02/14 of 6.8. The labs also revealed a high BUN serum count on 05/29/14. Repeat labs revealed stabilization of the BUN level on 06/02/14. Creatinine levels were also identified as being high upon initial presentation with continued high readings on 06/02/14. The injured worker's electrolytes also were out of range upon presentation with a chloride level at 117. Subsequently, the injured worker's electrolytes stabilized on 06/01/14. The chest x-ray of 05/28/14 revealed no plural

effusion. Surgical clips were noted in the left upper quadrant. The clinical note dated 05/30/14 indicates the injured worker presenting as being confused with tremors. The MRI of the brain revealed no hemorrhage or acute infarction. A low signal intensity was identified on GRE images at the left parafalcine vertex corresponding with calcifications. The note also indicates these findings were more than likely benign. The CT scan completed on 05/29/14 revealed no evidence of an acute large vessel infarct or intracranial hemorrhage or a mass. The progress note dated 05/31/14 indicates the injured worker being recommended for a 3 day length of stay. The injured worker presented with episodes of confusion and appeared to be dehydrated. The injured worker had undergone a kidney transplant in 2010. The injured worker was identified as having a recent history of UTI as well as chronic DVT in the left leg. The injured worker was identified as being on Coumadin. There is an indication the injured worker had been discharged from a skilled nursing facility on 05/16/14. The injured worker initially presented with complaints of generalized weakness. The injured worker was provided with IV fluids as well as the utilization of Ceftriaxone for the UTI. The utilization review dated 07/11/14 indicates the injured worker being recommended for certification for an inpatient stay from 05/31/14 - 06/02/14 as well as the use of IV solutions to include an emergency room visit and an observation room. The injured worker was also recommended for an EKG and a chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay DOS - 05/31/2014 to 06/02/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence:1.)Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD. Accessed 2011.2.)Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014.

Decision rationale: The request for an inpatient stay from 05/31/14 - 06/02/14 is certified. The documentation indicates the injured worker initially presenting with altered mental status, dehydration, and a UTI. Additionally, the injured worker had previously undergone a kidney transplant. Given the injured worker's past medical history as well as the status of the initial presentation, an inpatient stay from 05/31/14 - 06/02/14 is indicated in order to provide the injured worker with a pathway to recovery, treatment, and observation.

IV solutions: Overturned

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 Other Medical Treatment Guideline or Medical

Evidence: 1.)Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014.2.)Kaneshiro, Neil K. "Dehydration". National Library of Medicine. Retrieved 10 June 2014.

Decision rationale: Given the need for treatment for dehydration, the administration of IV solutions is indicated, and medically necessary.

Labs: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Given the need for a pathway to treatment, the use of laboratory studies is indicated in order to treat the injured worker's findings consistent with dehydration. This request is deemed medically necessary.

Chest DX X-Rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Given the injured worker's past medical history involving a kidney transplant and taking into account the findings consistent with dehydration, a chest x-ray is indicated in order to provide a pathway to treatment. Therefore, this request is deemed medically necessary.

Bilateral Ankles X-Rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and

Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: No information was submitted regarding the need for ankle x-rays. No functional deficits were provided in the documentation. Therefore, the decision for bilateral x-rays is not supported.

Head CT scan: 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) Head Chapter, CT Scan.

Decision rationale: No information was submitted regarding the injured worker's need for a CT scan of the head. Therefore, without supporting documentation in place, this request is not indicated.

Physical Therapy: 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 Other Medical Treatment Guideline or Medical Evidence: 1.)Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014.2.)Kaneshiro, Neil K. "Dehydration". National Library of Medicine. Retrieved 10 June 2014.

Decision rationale: The documentation indicates the injured worker initially presenting with altered mental status. Therefore, no information was submitted regarding the need for physical therapy to address findings consistent with dehydration, UTI, or altered mental status. Therefore, this request is not indicated as medically necessary.

Emergency Room: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: 1.)Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research

and Quality, Rockville, MD. Accessed 2011.2.)Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014.

Decision rationale: Given the need for observation as well as in order to care for the injured worker, the need for admission into the emergency room is reasonable in order to fully assess the injured worker's clinical presentation.

Brain MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014.2.)Kaneshiro, Neil K. "Dehydration". National Library of Medicine. Retrieved 10 June 2014.

Decision rationale: No information had been submitted regarding the need for a brain MRI. Given that the injured worker initially presented with findings consistent with dehydration, this request is not indicated as medically necessary

EKG/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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014. 2.)Kaneshiro, Neil K. "Dehydration". National Library of Medicine. Retrieved 10 June 2014.

Decision rationale: Given the injured worker's past medical history involving a kidney transplant and taking into account the findings consistent with dehydration possibly affecting multi-systemic issues, this request is medically necessary.

Observation room: Overturned

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 Other Medical Treatment Guideline or Medical Evidence:1.)Wedro, Benjamin. "Dehydration". MedicineNet. Retrieved 10 June 2014.2.)Kaneshiro, Neil K. "Dehydration". National Library of Medicine. Retrieved 10 June 2014.

Decision rationale: Given the injured worker's presentation involving an altered mental status and taking into account the injured worker's past medical history, the use of an observation room is fully indicated and supported.