

Case Number:	CM14-0138610		
Date Assigned:	09/05/2014	Date of Injury:	06/22/2011
Decision Date:	10/09/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 50-year-old male who reported an injury on 06/22/2011 due to a fall off a ladder. On 03/17/2014, the injured worker presented with decreased sensation to the left C7 dermatome and a positive Spurling's test on the left. There were 2+ deep tendon reflexes and 5/5 strength in all muscle groups. The diagnoses were left C6-7 foraminal stenosis with left C7 radiculitis. Prior therapy included surgery and medications. The provider recommended an inpatient hospital stay for 2 days. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition, Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Inpatient Hospital Stay

Decision rationale: The request for inpatient hospital stay 2 days is not medically necessary. The Official Disability Guidelines recommend the median length of stay based on the type of surgery is best practice target length of stay for cases with no complications. The recommended hospital length of stay for a cervical anterior fusion is 1 day. As the Guidelines recommend 1 day of hospital stay, the provider's request for inpatient hospital stay 2 days would not be warranted. As such, medical necessity has not been established.