

Case Number:	CM14-0153731		
Date Assigned:	09/23/2014	Date of Injury:	12/02/2004
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Injured worker is a 58-year-old male who has submitted a claim for left leg injury requiring fasciotomy associated with an industrial injury date of 12/02/2004. Medical records from 2014 were reviewed. Injured worker was admitted due to left leg infection causing fever, chills and nausea. Physical examination revealed redness and swelling in the injured worker's left lower extremity. Treatment to date has included physical therapy, oral medications, activity modifications and several surgeries. Utilization review date of 08/20/2014 denied the request for additional inpatient stay because the injured worker was already able to take oral medications. Inpatient hospitalization is no longer necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Additional Inpatient Stay 8/15/14 - 8/16/14: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual

Decision rationale: CA MTUS / ACOEM and ODG-TWC do not address this request. InterQual notes that inpatient length of stay is based on need for: Post critical care monitoring, Post

weaning monitoring, Procedures requiring inpatient hospitalizations, Nursing interventions at least every 4 to 8 hours and IV medications requiring hospitalization for initial therapy. In this case, injured worker was admitted due to left leg infection causing fever, chills and nausea. Examination of the leg showed redness and swelling. Injured worker was prescribed IV Vancomycin. The medical necessity for inpatient stay has been established. Therefore, the request for Additional Inpatient Stay 8/15/14 - 8/16/14 is medically necessary.