

Case Number:	CM14-0021645		
Date Assigned:	05/05/2014	Date of Injury:	06/17/2009
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 55-year-old female who reported an injury on 1/17/09 due to cumulative trauma while performing normal job duties. The injured worker ultimately underwent anterior decompression and cervical spine fusion followed by a 2 day hospital stay. An operative report documented that the injured worker was admitted on 1/25/14 and discharged on 1/27/14 with the date of operation being listed as 1/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL INPATIENT TREATMENT DAY X1 FROM 1/26/14 TO 1/27/14: 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) Neck and Upper Back, Hospital Length of Stay.

Decision rationale: The California MTUS/ACOEM guidelines do not address hospital length of stay, so alternate guidelines were used. The Official Disability Guidelines recommend a one day inpatient stay following cervical fusion surgery. The clinical documentation indicates that the injured worker was admitted for a two day inpatient stay following the injured worker's surgery

on 1/25/14. The clinical documentation did not provide any exceptional factors or complicating diagnosis that would support the need to extend treatment beyond guideline recommendations. Therefore, an additional inpatient treatment stay would not be supported. As such, the request is not medically necessary.