MAXIMUS Federal Services

Case Number:	CM14-0049544		
Date Assigned:	07/07/2014	Date of Injury:	08/21/2013
Decision Date:	08/01/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Orthopaedic Surgery 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:

This 30-year-old male iron worker sustained an industrial injury on 8/21/13. The injury was sustained an accepted in a 23-foot fall with bilateral comminuted radial head and olecranon fractures. He underwent bilateral radial head replacement and olecranon plating. The 2/10/14 left elbow x-ray documented the patient was status post open reduction and internal fixation with areas of heterotrophic ossification/callus formation medially and laterally. The 2/10/14 treating physician report cited limited left elbow flexion/extension between 60 and 90 degrees with no supination/pronation. Additional surgery was recommended with pre-operative radiation. A four-day hospitalization was anticipated. The request for inpatient length of stay for 4 days was modified and approved for 3 days consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient length of stay (LOS) times four 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, Elbow (updated 02/14/2014), Hospital Length of Stay (LOS), Internal Fixation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The ODG recommend the median LOS based on type of surgery, or best practice target LOS for cases with no complications. The recommended mean and best practice target for elbow lesion surgery is 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, the request for inpatient LOS times four days is not medically necessary.