

Case Number:	CM14-0096553		
Date Assigned:	07/28/2014	Date of Injury:	05/03/2002
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 and is licensed to practice in Arizona. 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 man with coronary artery disease, heart failure and obstructive sleep apnea that had a work-related injury dated 5/3/02. The patient was admitted to an inpatient hospitalization from 5/11/14-5/20/14 with a diagnosis of unspecified cardiovascular disease. The patient presented to the emergency department on 5/11/14 with low blood pressure. He was treated with IV fluids, vasopressor medications and stress-dose steroids. He was admitted to the Intensive Care Unit (ICU). Records reviewed included progress notes from the cardiac provider dated 5/12/14, 5/13/14, 5/14/14, 5/15/14 and 5/16/14. He was treated for bilateral lower extremity deep venous thrombosis. The patient was continued on vasopressor medication and IV fluids. He received fibrinolysis on 5/14/14. His vital signs stabilized but he was being taken back to Interventional Radiology on 5/16/14. There are no treatment records, vital signs, physical exam records for review past 5/16/14. Under consideration is the inpatient hospitalization from 5/11/14-5/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital stay 5-11-2014 to 5-20-2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual: Hospital Care and the Elderly; Emergency Department Care; Nov 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com: Evaluation and Management of Severe Sepsis, Fibrinolytic (thrombolytic) Therapy in Acute Pulmonary Embolism and Lower Extremity Deep Vein Thrombosis.

Decision rationale: The patient was admitted with hypotension and sepsis with bilateral deep vein thrombosis requiring fibrinolysis. According to Uptodate.com, it is appropriate to treat a hemodynamically unstable patient with assumed sepsis to the intensive care unit at an inpatient level of care. Furthermore, inpatient care is appropriate for someone undergoing fibrinolytic therapy for acute bilateral deep vein thrombosis. In this case, the patient was admitted appropriately; however, there are no records to support inpatient admission from 5/16/14 and beyond. Therefore, the hospital admission is considered not medically necessary as there are no available records to support inpatient admission beyond 5/16/14.