

<b>Case Number:</b>	CM13-0041588		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/31/1987
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 79-year-old male reported a work-related injury on 07/31/1987. According to the undated discharge summary, the injured worker was admitted to the hospital on 4/19/13 for lower extremity swelling and abdominal ascites. Diagnoses include acute on chronic systolic and diastolic congestive heart failure, stage 4 left medial malleolar ulcer, history of chronic atrial fibrillation, history of sick sinus syndrome, history of diabetes mellitus and history of hypertension. Previous treatments include medications, pacemaker insertion and coronary artery bypass grafting. The treating provider requests inpatient stay from 04/19/13 to 05/23/13. The Utilization Review on 10/17/2013 modified the request for inpatient stay from 04/19/13 to 05/23/13 to allow inpatient stay from 4/19/13 to 5/10/13, citing InterQual criteria and [REDACTED] Medical Length of Stay for cardiovascular conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT STAY FROM 4/19/13 TO 5/23/13:** 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 Interqual guidelines, Cardiovascular conditions.

**Decision rationale:** Pursuant to Interqual guidelines, inpatient stay April 19, 2013 to May 23, 2013 for cardiovascular conditions is not medically necessary. Interqual provides guidelines for hospital stays. Interqual states inpatient stay may be indicated when intravenous medications or nursing interventions are required. There was no medical documentation in the medical record other than a CAT scan report and a hospital discharge summary. The injured workers working diagnoses are heart failure; stage 3 pressure ulcer; diabetes mellitus; atrial fibrillation; congestive heart failure; coronary artery bypass graft date unknown; and pacemaker placement date unknown. The medical record contained a radiology CAT scan report of the pelvis with IV contrast and a discharge summary report. The discharge summary dated April 21, 2013 stated the injured worker had a stage 4 left medial malleolus ulcer with underlying osteomyelitis and a stage three healing ulcer on the right heel. The injured worker has acute on chronic congestive heart failure. The injured worker presented with acute congestive heart failure. The injured worker had a paracentesis and a PICC line place. A bone scan was positive for osteomyelitis. IV antibiotics were provided through the PICC line in addition to wound care. The injured worker was admitted to the hospital on April 19, 2013 because of lower extremity swelling and abdominal ascites and congestive heart failure. Medical necessity for admission was established April 19, 2013. From April 19, 2013 through May 8, 2013 the injured worker was treated using the PICC line and diuresis. Admission diagnoses were acute heart failure and stage IV decubitus ulcer. IV antibiotics and wound care when necessary and provided through May 8, 2013. Medical necessity was established through May 8, 2013. An additional two days were recommended following the CAT scan with CAT Scan findings of a pleural effusion. Treatment after that date on May 10, 2013 was deemed not medically necessary as there is no documentation to support the hospital stay after that date. Consequently, absent additional clinical documentation other than a hospital discharge summary and a CAT scan report, inpatient stay April 19, 2013 to May 23, 2013 for cardiovascular conditions is not medically necessary.