MAXIMUS Federal Services

Case Number:	CM14-0011296		
Date Assigned:	02/21/2014	Date of Injury:	05/27/1994
Decision Date:	01/05/2015	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 12/8/13 note indicates admission date of 12/5/13. Note indicates vitals were stable with the insured being concerned that his chest sutures were breaking. Examination noted foley in place, with nontender neck, and normal abdomen, extremities, neurologic, and musculoskeletal examination. There was note of decreased breath sounds. Assessment was the insured was post op from aortic valve replacement and CABG. There was iatrogenic coagulopathy corrected and the insured was to begin to be up and to chair. A note on 12/7/13 noted there were mildly worsened bilateral pleural effusions with basilar infiltrate atelectasis. On 1/8/14 presented to hospital ER due to productive cough and cellulitis at site of right thigh which was harvest site of vein graph. The insured is reported to have diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Inpatient hospital stay for fever, cellulitis post aortic valve replacement; DOS 1/8/2013: Overturned

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
https://www.utcomchatt.org/docs/Medical_Necessity_and_charting_guidelines.pdf

Decision rationale: The medical records indicate a condition of skin infection with the insured having diabetes. IV antibiotics which require inpatient hospital stay are recommended in setting diabetes with cellulitis skin infection being noted. Per the cited guidelines, the request is medically necessary.