

<b>Case Number:</b>	CM14-0163950		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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. 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, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 33-year-old male who reported an injury on 09/01/2014. The mechanism of injury was not specifically stated. The current diagnosis is acute myocardial infarction. The injured worker was admitted to the hospital from 09/01/2014 through 09/04/2014 for an acute myocardial infarction. According to a progress note dated 09/02/2014, the injured worker presented to the emergency department with complaints of syncope. The progress note is handwritten and mostly illegible. The injured worker had a past medical history of diabetes mellitus and hypertension. The injured worker denied heart palpitations. 4 separate EKGs were performed in the emergency department, with the fourth revealing ST elevation. Troponin levels were documented as 2.52, 2.69, and 1.62. The injured worker was diagnosed with acute syncope, hypotension, dehydration, acute renal failure, and acute myocardial infarction. The injured worker was then discharged home in stable condition on 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Admission from 09/01/14 through 09/10/14 for a Heart Attack:** 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 California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service. MCG Milliman Care Guidelines, 19th Edition. Myocardial Infarction Care Planning - Inpatient Admission and Alternatives.

**Decision rationale:** According to the Milliman Healthcare Guidelines, the goal length of stay for an acute myocardial infarction is 2 days. An extended stay may be necessary if there is evidence of clinically active diabetes requiring adjustment of a glucose control regimen and frequent serum glucose checks, clinically active heart failure with intermittent dosing of diuretics and frequent monitoring of cardiorespiratory status, hemodynamic instability, intravascular procedural complications, extravascular procedural complications, entry site complications, dangerous arrhythmia, complicated percutaneous coronary intervention, urgent or emergent surgery for complications of an MI, surgical revascularization via CABG, unstable pulmonary comorbidities, or acute renal failure. The injured worker was noted to be status post acute syncope with hypotension. The injured worker was also diagnosed with dehydration. In this case, there was no evidence of detailed documentation regarding the status on hospitalization. While a short inpatient admission may be indicated for an acute myocardial infarction based on the injured worker's EKG and laboratory results, the medical necessity for an extended admission through 09/10/2014 has not been established. There was no evidence of any acute abnormalities or acute events to warrant an extended admission. Given the above, the request is not medically appropriate.