

Case Number:	CM14-0203384		
Date Assigned:	12/15/2014	Date of Injury:	09/11/1990
Decision Date:	01/31/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/05/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is an 81-year-old the date of injury of September 11, 1990. The patient has right hip pain. Prior treatments include medications, injections, use of a walker and physical therapy. The patient has diagnosed diseases including Parkinson's rheumatoid and BPH. The patient had right hip uncemented total hip arthroplasty on July 1, 2014. X-rays from July 30, 2014 show well-positioned total hip arthroplasty. On physical examination is limited right hip range of motion with an antalgic gait. Discharge summary from July 10, 2014 demonstrate that the surgery went well without complications. On postoperative day 1 the patient had slight confusion. On postoperative day 2 the patient began physical therapy. The patient was discharged on July 10, 2014. At issue is whether inpatient stay was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Hospital Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS the pain chapter, ODG hip chapter.

Decision rationale: The medical records indicate that this patient could be safely discharged on postoperative day #2. The patient's surgery was uncomplicated. While the patient has some confusion on postoperative day #1 the patient had physical therapy on postoperative day #2. The patient could be safely discharged at the end of physical therapy on postoperative day #2. There is no documentation the medical records that the patient required additional hospitalization past postoperative day #2. The medical records indicate that the patient could safely been discharged on postoperative day 2. More than a 3 day hospital stay was not medically necessary in this case.