

Case Number:	CM14-0204558		
Date Assigned:	12/16/2014	Date of Injury:	03/24/2010
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 32-year-old woman with a date of injury of 03/24/2010. The submitted and reviewed documentation did not identify the mechanism of injury. A history and physical report dated 10/08/2014 indicated the worker had passed out for at least three minutes after being treated with a right cervical block and during a left cervical block procedure. The worker had severe on-going nausea with vomiting requiring total parenteral nutrition (TPN), which had resulted in more recent but on-going diarrhea. The worker had pain and breathlessness with activity. The documented examination described generalized muscle wasting. Blood tests revealed the worker's potassium level was very low (2.2mEq/L). The electrocardiogram showed non-specific abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from life-threatening hypokalemia, chronic regional pain syndrome, nausea and vomiting, severe protein malnutrition, and on-going diarrhea. Treatment recommendations included hospitalization, maintenance intravenous potassium with additional 80mEq intravenous potassium, close monitoring of the potassium level, and stool studies. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for an inpatient stay from 10/08/2014-10/09/2014. The discharge summary and note dated 10/09/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Inpatient Stay; 10/8/2014-10/9/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3016067/Hypokalemia and sudden cardiac death](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3016067/Hypokalemia%20and%20sudden%20cardiac%20death)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Olshansky B, et al. Evaluation of syncope in adults. Topic 969, version 14.0. Up-to-date, accessed 02/06/2015.

Decision rationale: The MTUS Guidelines are silent on this issue, although in general the Guidelines support a worker having medical treatment in the appropriate setting. The literature supports an individualized approach to the evaluation and treatment of syncope (passing out). High risk features require early evaluation and treatment. Some of these include evidence of significant heart disease, clinical or electrocardiogram signs suggesting a concerning abnormal heart rhythm, severe anemia, or an electrolyte disturbance. The worker passed out during a cervical nerve block procedure. The worker had severe on-going nausea with vomiting requiring total parenteral nutrition (TPN), which had resulted in more recent but on-going diarrhea. The worker had known problems with potassium blood levels and experienced breathlessness with activity. Blood tests revealed the worker's potassium level was very low (2.2mEq/L) despite being treated with a significant amount of supplemental potassium. Very large amounts of additional potassium given intravenously and close monitoring were required. In light of this supportive evidence, the current request for an inpatient stay from 10/08/2014-10/09/2014 is medically necessary.