

<b>Case Number:</b>	CM15-0104858		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 64-year-old female who sustained an industrial injury on 8/09/01. The mechanism of injury was not documented. Past medical history was positive for obesity, chronic obstructive pulmonary disease, diabetes, chronic opioid use, and smoking. Records indicated that she underwent a revision distal humerus, proximal ulnar replacement on 12/19/13 that was reported as a very complicated reconstruction using a custom elbow. He underwent right reverse total shoulder arthroplasty and revision total elbow arthroplasty on 4/30/15. Records indicated that a 2-day hospital stay was requested and certified with the original surgical request. The 5/2/15 progress report indicated the right shoulder was infected and there were post-operative pain control challenges. A wound VAC had been applied and pain was better controlled. She was to begin Dilaudid PAC (patient controlled analgesia) and switch to oral medications as soon as she was ready. The 5/4/15 progress report indicated the injured worker was in much better spirits, had less arm pain and better appetite. She had less wheezing with no shortness of breath. She had a urinary tract infection and was already taking cetraxone and vancomycin. She was afebrile. Her diabetes mellitus was controlled, blood pressure was stable, post-operative tachycardia and acute blood loss had improved, and no treatment was needed for acute anemia. The 5/5/15 progress report indicated that right arm pain was fairly well controlled with pain medications, and the PCA was to be discontinued later in the day. There were orders noted for IV push pain medications as needed. The continuous block was discontinued, and physical/occupational therapy orders were written. The 5/6/15 progress report documented complaints of milder controlled right arm pain, controlled with pain medication. She continued

to use PCA. She remained afebrile. There was no change in the orders. Authorization was requested for continued hospital stay (right elbow), frequency and duration not indicated. The 5/6/15 utilization review certified a retrospective request for hospital stay from 5/2/15 through 5/5/15 to allow for placement of a PICC line on 5/4/15, weaning from patient controlled analgesia, and monitoring/education regarding the PICC line. The request for continued hospital stay (right elbow), frequency and duration not indicated, was non-certified as there was no documentation to support the medical necessity of care beyond 5/5/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continued Hospital Stay (right elbow) frequency and duration not indicated: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hospital length of stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Hospital length of stay (LOS); Shoulder: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For retrospective cases, the mean is recommended as a better choice. The recommended median and best practice target for reverse total shoulder replacement is 2 days, and the mean is 2.5 days. The recommended median and best practice target for revision total elbow arthroplasty is 2 days, and the mean is 2.6 days. The 5/6/15 utilization review certified 3 additional inpatient days, in addition to the 2 days previously certified. There is evidence that the patient was continuing to utilize patient controlled analgesia on 5/6/15 but no additional documentation beyond that date of service. There was no discussion of pain assessment or failure of transition to oral pain medications to support the continued inpatient stay. Additionally, there is no compelling rationale presented to support the medical necessity of a non-specific request for continued hospital stay with no duration. Therefore, this request is not medically necessary.