

Case Number:	CM15-0106581		
Date Assigned:	06/10/2015	Date of Injury:	08/09/2012
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

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 52 year old male, who sustained an industrial injury on August 9, 2012. The mechanism of injury was a motor vehicle accident in which the injured worker sustained injuries to the right side of his body. The injured worker has been treated for neck, back, right shoulder, right elbow, right hip and right knee complaints. The diagnoses have included right shoulder rotator cuff tear, chronic right shoulder impingement, lumbar radiculopathy, lumbar herniated disc, right knee meniscal tear, chronic pain right knee, cervical stenosis, medial and lateral epicondylitis, rotator cuff syndrome and right cubital tunnel syndrome. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, aquatic therapy, injections and right shoulder surgery. Current documentation dated February 19, 2015 notes that the injured worker reported right elbow pain and swelling, low back pain, neck pain, right posterior shoulder pain and right knee pain. Examination of the cervical spine revealed tenderness and mild spasms at the right cervical five-cervical six area. There was weakness on right shoulder abduction, right elbow flexion and right elbow extension. Sensation was decreased in the entire right upper extremity. Cervical range of motion was noted to be painful. The treating physician recommended an anterior cervical discectomy and fusion. The treating physician's plan of care included a request for a two day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) days of 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 (ODG); Neck & Upper Back (updated 5/12/15), Online Version, Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2 days the determination is for non-certification as it is not medically necessary and appropriate.