

Case Number:	CM15-0207012		
Date Assigned:	10/23/2015	Date of Injury:	05/20/2015
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 -year-old male who sustained an industrial injury on 5-20-2015 and has been hospitalized and treated for hemothorax, multiple rib fractures, urinary retention, tibia fracture, L2-L3 fracture, and sternum fracture. The injured worker was treated with open reduction and internal fixation of his right ankle, myofascial release, thoracotomy, joint mobilization, rehabilitation and physical therapy, and the physician requested extending his inpatient stay due to need for additional rehabilitation. A request for inpatient hospital length of stay from 10-8-2015 through 10-15-2015 was submitted, but the stay was approved only until 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital length of stay nine (9) days: 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), Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hemothorax.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the median hospital stay for the patient's condition is 6.9 days. The provided documentations show the patient to be responding to treatment with no signs of infection or respiratory distress. The request is for a hospital stay of 9 days. This is in excess of recommendations with no clinical documentation of medical necessity per the patient's condition and response to treatment. Therefore, the request is not medically necessary.