

<b>Case Number:</b>	CM15-0024891		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 52 year old male, who sustained an industrial injury on 8/22/2009. He reports a slip and fall, injuring his outstretched right arm. Diagnoses include right shoulder pain and mild osteoarthritis. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 2/2/2015 indicates the injured worker reported right shoulder pain. On 2/4/2015, Utilization Review non-certified the request for a one day inpatient stay, citing non-MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Day Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare surgery inpatient guidelines

**Decision rationale:** The California MTUS, ACOEM and the ODG do not specifically address the requested service. Per Medicare guidelines, inpatient stay post arthroscopic shoulder surgery

is not medically warranted or covered. There is no provided clinical documentation that would suggest this patient would require inpatient care after this surgery, which is usually performed as an outpatient surgery. Therefore the request is not certified.