

Case Number:	CM15-0025905		
Date Assigned:	02/18/2015	Date of Injury:	09/12/2014
Decision Date:	04/08/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 56-year-old male, who sustained an industrial injury on September 12, 2014. The diagnoses have included spinal fusion, left shoulder impingement, rotator cuff tear with repair, left elbow ulnar neuropathy with nerve release, radiculopathy, lumbar strain/sprain, stenosis, degenerative disc disease (DDD) and disc protrusion. A progress note dated December 9, 2014 provided the injured worker complains of left shoulder and low back pain radiating down left leg. He has had physical therapy and surgery on his elbow and rotator cuff repair. He reports desire to reduce medication use and has had some success but is experiencing withdrawal symptoms. On January 15, 2015 utilization review non-certified a request for inpatient detoxification program. Application for independent medical review (IMR) is dated February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Inpatient Detoxification Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 8CCR9792.9.1(g).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Hospital length of stay (LOS).

Decision rationale: ODG states "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero Drug Detox (icd 94.65 Drug detoxification) Actual data median 4 days; mean 4.1 days (130;0.2); discharges 78,219; charges (mean) ██████████ Best practice target (no complications) 4 days." The request for 1 Inpatient Detoxification Program does not indicate the number of days of stay being requested. There is also no documentation regarding failure of less conservative measures for detoxification. Thus, the request is not medically necessary at this time.