

Case Number:	CM15-0041495		
Date Assigned:	03/11/2015	Date of Injury:	12/27/2007
Decision Date:	05/12/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: Minnesota, Florida
 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 69-year-old female who sustained an industrial injury on December 27, 2007. She has reported neck and back pain and shoulder pain and has been diagnosed with cervical spondylosis with myelopathy, displacement of thoracic intervertebral disc without myelopathy, disorder of bursa of shoulder region, and full thickness rotator cuff tear. Treatment has included physical therapy, anti-inflammatories, and activity modification. Currently the injured worker was unable to perform tandem gait. There was tenderness of the paracervicals and the trapezius. There was pain and crepitus elicited by motion. The treatment plan included surgery consisting of an anterior cervical discectomy and fusion at C5-6 and C6-7. The disputed request is a 2-day length of hospital stay that was modified by UR to 1 day. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Inpatient hospital stay x 2 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.

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

Decision rationale: The requested surgical procedure is anterior cervical discectomy and fusion at C5-6 and C6-7. ODG guidelines indicate hospital length of stay for anterior cervical discectomy and fusion is a median of 1 day, mean 2.2 days, and best practice target of 1 day with no complications. As such, the modification of the request to 1 day is appropriate and the medical necessity of the 2-day in-patient hospital stay has not been substantiated.