

<b>Case Number:</b>	CM14-0116090		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old female with a date of injury of 3/24/2010. A review of the medical documentation indicates that the patient is undergoing treatment for right wrist injury, and underwent hospitalization for poor nutrition status and suspected gastrointestinal issues. Subjective complaints for that visit (4/25/2014) include nausea, vomiting, and inability to keep food down. Objective findings (4/25/2014) include an alert and oriented patient, normal EKG, hypokalemia, and essentially normal abdominal exam. The patient had received abdominal CT and GI workup previously (2013), which was essentially normal. The patient has previously undergone multiple therapies related to the injury: radiofrequency therapy, left suprascapular and left ulnar nerve block, ketamine infusion, physical therapy, psychotherapy, functional restoration program, spinal stimulation, and medication therapy. A utilization review dated 7/11/2014 did not certify the request for retrospective inpatient hospital stay (4/25-29/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective Inpatient Hospital Stay from 04/25/14-04/29/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9284874>  
Title: Relationship of nutritional status to length of stay, hospital costs, and discharge status of patients hospitalized in the medicine service

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Approach to the Adult with Nausea and Vomiting

**Decision rationale:** MTUS and ODG guidelines do not address the issue of inpatient hospital stay. Up-to-date does provide a fairly comprehensive literature base and basic guidelines to follow when evaluating these symptoms. In general, inpatient hospitalization for nausea and vomiting should be reserved for patients who show warning signs for more serious disease or are acutely unstable. Suggested indications include chest pain, severe abdominal pain, central nervous system symptoms, fever, and history of immunosuppression, hypotension, severe dehydration, older age, severe metabolic abnormalities, or surgical causes. The medical documentation in this case shows that the patient was ambulatory and showed no signs of cardiopulmonary or neurological instability when presenting to the Emergency Department. There were no warning signs documented and no severe abnormalities were noted. It is also not clear as to why the patient required the length of stay in this case. The patient had prior abdominal workups for similar issues in the past, which did not reveal any underlying pathological process. Typically, gastrointestinal workups can be conducted on an outpatient basis. There was no extended rationale given for to justify the decision for admission or for the length of stay. Therefore, the request for retrospective inpatient hospital stay from 4/25-29/2014 is not medically necessary.