MAXIMUS Federal Services

Case Number:	CM14-0123124		
Date Assigned:	08/08/2014	Date of Injury:	04/03/2000
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 Emergency Medicine and is licensed to practice in California. 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:

No mechanism of injury was provided for review. Patient has a huge medical problem list including hypertension, sleep apnea, polyneuropathy, osteoarthritis of knees, end stage renal disease on hemodialysis, history of renal cell cancer post L sided nephrectomy, history of kidney transplant, atrial flutter, anemia, gout, morbid obesity, chronic obstructive pulmonary disease (COPD) and multi drug resistant infections.Medical reports reviewed. Last report available until 6/2/14. Patient was admitted to a hospital on 5/31/14 until 6/2/14. Presented to that facility with confusion and signs of dehydration. Was found to have a urinary tract infection, acute renal failure and high Prograf levels and was given IV fluids and antibiotics. Physical exam is not relevant this review. Of note are chronic buttock wounds. Of note, urinalysis was strongly positive for infection and elevated Prograf levels. Independent Medical Review is for "Rx's during inpatient stay (DOS: 5/31/14-6/2/14)" and "Labs during inpatient stay (DOS: 5/31/14-6/2/14)".Prior UR on 7/11/14 recommended modification for inpatient stay with IV solution, Chest X-ray, Bilateral Ankle X-ray, Head CT Scan, PT, ER, Brain MRI, EKG and Observation room. It did not approve medications/Rx or labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RX's during inpatient stay (DOS: 5/31/14-6/2/14): Overturned

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 Morrell MR, Micek ST, Kollef MH. The management of severe sepsis and septic shock. Infect Dis Clin North Am. Sep 2009;23(3):485-501.

Decision rationale: "There are no specific sections in the MTUS chronic pain guidelines, ACOEM guidelines or Official Disability Guide that deals with this issue. Patient's admission was for urinary tract infection, high Prograf level and acute renal failure in a patient with kidney transplant which are issues related to inpatient medical and/or internal medicine treatment. Rx's during inpatient stay" likely means medications that patient received during inpatient stay. Review of charge sheet and reports show patient received multiple medications during stay including antibiotics. The medications received during inpatient stay are medically necessary.

Labs during inpatient stay (DOS: 5/31/14-6/2/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed., Chapter 8 - Interpreting Laboratory Results, Key Points

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schrier RW, Wang W, Poole B, Mitra A. Acute renal failure: definitions, diagnosis, pathogenesis, and therapy. J Clin Invest. Jul 2004;114(1):5-14

Decision rationale: "There are no specific sections in the MTUS chronic pain guidelines, ACOEM guidelines or Official Disability Guide that deals with this issue. Patient's admission was for urinary tract infection, high Prograf level and acute renal failure in a patient with kidney transplant which are issues related to inpatient medical and/or internal medicine treatment. As per hospital charge sheet, bill for labs include lab/chemistry, lab/immunology, lab/hematology, lab/microbiology and lab/urology. All the labs that were ordered were provided and are too long to list or review individually.All the labs during hospital stay are required to manage patient's kidney transplant, kidney failure and urinary tract infection. Labs during inpatient stay are medically necessary.