

Case Number:	CM14-0133816		
Date Assigned:	08/25/2014	Date of Injury:	05/17/1999
Decision Date:	12/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 72 year old male with a date of injury of 05/17/1999. In 07/2002 he had a right coronary artery PCI with stent placed. In 04/2013 he had hypertension, hyperlipidemia, diabetes and coronary artery disease - S/P MI. On 10/15/2013 he had a stress test and it was noted that he had a previous PCI. He had a fixed inferior wall defect with mild peri-infarct ischemia. On 04/16/2014 the LDL cholesterol was 57 and the HDL cholesterol was 44. Glucose was 104. BUN was 18 and creatinine was 0.88. On 04/25/2014 he had a carotid ultrasound and Plavix was recommended. On 04/30/2014 his chest was clear and heart sounds were normal. He was admitted on 07/10/2014 and discharged on 07/12/2014. The listed diagnosis was cardiac arrhythmia. At the time of the previous review there were no records of this admission that were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital inpatient stay with DOS July 10, 2014 until July 12, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo managed care, Medical length of stay 'Benchmarks'/Targets-Cardiovascular

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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: The patient has a history of diabetes, tobacco abuse, hypertension, hyperlipidemia, MI and had a stent placed in the right coronary artery in 2002. This review is about the medical necessity of an inpatient acute care admission from 07/10/2014 to 07/12/2014. MTUS, ACOEM and ODG are silent about the medical necessity for inpatient acute care. The admission note, ER note, lab data, progress notes, nursing notes, imaging studies, consultation notes and discharge note for the 07/10/2014 to 07/12/2014 admission were not provided for review. There is insufficient documentation to substantiate the medical necessity for the 07/10/2014 admission. There requested treatment is not medically necessary and appropriate.