

Case Number:	CM14-0140450		
Date Assigned:	09/10/2014	Date of Injury:	06/27/2014
Decision Date:	11/03/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Surgery 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:

The claimant is a 33-year old female who sustained a hand laceration while handling a sharp instrument on 06/27/14. Initially, the claimant was treatment in the Emergency Room where radiographs did not identify a fracture or a foreign body. The claimant then underwent digital nerve repair FDTS tendon and FDP tendon repair on 06/27/14. The medical records documented that the claimant remained an in-patient in the hospital from 6/27/2014 through 6/30/2014. Review of the operative report dated 06/27/14 does not identify any intraoperative complication. Hospital records for review included an Emergency Room assessment but no documentation of formal treatment that was rendered or clinical progress reports from the 06/27/2014 in-patient assessment until time of discharge on 06/30/2014. Review if the postoperative records does not reveal any post-surgery complication or identify the need for the in-patient treatment. This is a request for retrospective authorization for the three in day patient stay from 6/27/2014 through 6/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, 2014, Web based edition. (http://dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Procedure: Hospital length of stay (LOS)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, the Length of In-Patient Hospital Stay following a hand tendon repair would be one-day in-patient stay. There is no indication for a three-day in-patient length of stay. The medical records provided for review do not identify the reason the claimant was kept as an in-patient in the hospital following surgical repair of her laceration from 06/28/14 through 6/30/2014, post-operative day two, and post-operative day three records for review. Without documentation of in-patient need for admission, the continued length of stay in this case from a retrospective standpoint for the three days that they were utilized would not be indicated.