

Case Number:	CM14-0093496		
Date Assigned:	08/08/2014	Date of Injury:	02/13/2008
Decision Date:	09/25/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This 50 year old patient had a date of injury on 2/13/2008. The mechanism of injury was not noted. There were no progress notes or physical exams/diagnosis found in the reports reviewed for the dates of services requested on 3/12/2014 and 3/21/2014. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/11/2014 denied the request for, DOS 3/12/2014 and 3/21/2014, room and board, general med/surg, pharmacy general, labs(general chemistry, hematology, bacteriology micro, urology, and physical therapy general evaluation, stating that medical billing for services provided during hospitalization are not supported by clinical documentation. Without medical documentation, there is no evidence of medical necessity of the billed procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ROOM AND BOARD; GENERAL/MED SURG (DOS 3-12-14-3-21-14): Upheld

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 Official Disability Guidelines (ODG)low back chapter.

Decision rationale: The MTUS does not apply; however, the Official Disability Guidelines state that hospitals' median length of stay recommended is based on the type of surgery, or best practice target length of stay for cases with no complications. Length of stay is the number of nights the patient remained in hospital for that stay, and the total number of days is typically measured in multiples of a 24 hr day that a patient occupies a hospital bed. In the reports viewed, there were no documented progress reports or physical examinations/diagnosis located for 3/12/2014 and 3/21/2014. Clinical documentation would be necessary to substantiate medical requests. Therefore, the request is not medically necessary

RETROSPECTIVE PHARMACY/GENERAL (DOS 3-12-14-3-21-14): Upheld

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 American Pharmacists Association (Pharmacy Care).

Decision rationale: The California MTUS and Official Disability Guidelines do not apply. A search of online resources, American Pharmacists Association found that pharmaceutical care is the direct or indirect responsible provision of drug therapy for the purpose of achieving the elimination or reduction of a patient's symptomatology; arresting or slowing of a disease process; or preventing a disease or symptomatology. In the reports viewed, there were no documented progress reports or physical examinations/diagnosis located for 3/14/2014 and 3/21/2014. Clinical documentation would be necessary to substantiate medical requests. Furthermore, it is unclear what the request for pharmacy/general entails. Therefore, the request is not medically necessary.

RETROSPECTIVE LABS; GENERAL, CHEMISTRY, HEMATOLOGY, BACTERIOLOGY/MICRO, UROLOGY (DOS 3-12-14-3-21-14): Upheld

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 FDA: Lab studies Med Panel Medication Monitoring.

Decision rationale: The California MTUS and Official Disability Guidelines do not apply. A search of online resources identified an article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' stating that this study found that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In the reports viewed, there were no documented progress

reports or physical examinations/diagnosis located for 3/14/2014 and 3/21/2014. Clinical documentation would be necessary to substantiate medical requests. Therefore, the request is not medically necessary.

RETROSPECTIVE PHYSICAL THERAPY; GENERAL EVALUATION (DOS 3-12-14-3-21-14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. In the reports viewed, there were no documented progress reports or physical examinations/diagnosis located for 3/12/2014 and 3/21/2014. Clinical documentation would be necessary to substantiate medical requests. Therefore, the request is not medically necessary.