

Case Number:	CM15-0112719		
Date Assigned:	06/19/2015	Date of Injury:	10/30/1988
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 69 year old male, who sustained an industrial injury on 10/30/88. The mechanism of injury, symptoms experienced by the injured worker or diagnosis are not included in the documentation. Documentation provided reports surgical intervention and pacemaker/defibrillator implant. Documentation provided is related to a recent hospitalization prior to this request for dehydration and hypotension. Documentation regarding current symptoms experienced by the injured worker is not included. The request is for a hospital admission dated 5/7/15 approval; however supporting documentation is not provided. There is a handwritten request for authorization, which is not signed or dated, stating lead malfunction BI V ICD lead adjustment (the injured worker was sent to the hospital from the physician's office).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital admission, date of service 05/07/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines
 Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, hospital admission date of service May 7, 2015 is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are lead malfunction BI V ICD readjustment lead malfunction. The records contain an unsigned request for authorization. There is a discharge summary from the initial hospitalization dated April 28, 2015. The injured worker has a history of coronary artery disease, CABG, biventricular pacemaker and AID, diabetes mellitus type II, congestive heart failure, atrial fibrillation, hyperlipidemia, benign prostatic hypertrophy, and gap. The injured worker was sent to the hospital by [REDACTED]. The reason for the visit/chief complaint was Bi V ICD readjustment, lead malfunction. The injured worker was admitted to the hospital on May 7, 2015. There was no admission note that accompanied the hospitalization. There was no clinical indication or rationale for the admission. Without supporting medical documentation including subjective symptoms and objective clinical findings with a clinical indication for the admission, the request for hospital admission daily May 7, 2015 is not medically necessary. Consequently, absent supporting medical documentation including subjective symptoms and objective clinical findings with a clinical indication for the admission, the request for hospital admission, date of service May 7, 2015 is not medically necessary.