MAXIMUS Federal Services

Case Number:	CM15-0114582		
Date Assigned:	06/22/2015	Date of Injury:	10/05/2000
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63-year-old male who reported an industrial injury on 10/5/2000. His diagnoses, and/or impressions, are noted to include: cervical radiculopathy; anemia and shortness of breath. No current imaging studies are noted. His treatments have included diagnostic laboratory studies (5/12/15); Urgent diagnostic respiratory and cardiac studies; physical therapy; medication management with the tapering of opioids (4/28/15, /20/15 & 6/22/15); and rest from work. The physical therapy notes of 5/4/2015 note the assessment for decreased activities of daily living secondary to stiffness and pain, and trouble with breathing with fatiguing easily. The primary physician's progress notes of 5/15/2015 are hand written and mostly illegible, but noted to report constant neck pain. Objective findings were noted to include limited range-of-motion, and the physician's requests for treatments were for the tapering opioids. No medical records submitted were noted to include a request for an in-patient admission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Inpatient admit (DOS 5/11/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.anthem.com/medicalpolicies/guidelines/gl_pw_a051177.htm;https://www.anthem.com/medicalpolicies/guidelines/gl_pw_a050124.htm;.

Decision rationale: Regarding the request for inpatient admission (May 11, 2015), California MTUS, ACOEM, and ODG do not contain criteria for this request. Anthem includes criteria for inpatient rehabilitation services and inpatient subacute care. They state that acute inpatient rehabilitation is required when an individual's medical status is such that the intensity of services required could not reasonably be provided in an alternative setting (subacute facility or outpatient rehabilitation department). Within the documentation available for review, there are no progress reports from May 11, 2015. There is a face sheet from the hospital that states the reason for admission was shortness of breath and emergency room complaint was abdominal pain. There is also a request for authorization for the hospital admission that states shortness of breath and anemia, however no history and physical or other progress note for the admission was provided. Additionally, there is no indication that the patient was provided any skilled services on May 11, 2015, which could not have been provided in a lower acuity setting. In the absence of such documentation, the currently requested inpatient admission (May 11, 2015), is not medically necessary.