

Case Number:	CM15-0024690		
Date Assigned:	02/17/2015	Date of Injury:	05/29/1990
Decision Date:	07/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 61 year old female who sustained an industrial injury on 05/29/1990. Current diagnoses include elevated troponin without evidence of acute myocardial infarction, poorly controlled diabetes mellitus, significant proteinuria, depression, morbid obesity, probable diabetic gastroparesis, mild gastritis, tubular adenoma of the duodenum and colon, diabetic neuropathy, and chronic abdominal pain. Discharge summary dated 01/28/2015 noted that the injured worker was admitted to the hospital on 01/09/2015 for weakness, elevated troponin, rhabdomyolysis, possible colitis, diarrhea, fever, uncontrolled diabetes mellitus, peripheral edema, and proteinuria. Treatment rendered included consultations with various specialists, stress test, upper endoscopy, colonoscopy, CT of the abdomen and pelvis, peripheral vascular ultrasound, and abdominal ultrasound. Disputed treatments include retrospective request for inpatient admission and continued stay (DOS: 1/16/15-1/28/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for inpatient admission and continued stay (DOS: 1/16/15-1/28/15):
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 Gibson CM, et al. Elevated cardiac troponin concentration in the absence of an acute coronary syndrome. Topic 1469, version 10.0. Up-To-Date, accessed 07/13/2015.

Decision rationale: The request was for inpatient hospitalization after blood tests done for general weakness on 01/09/2015 showed findings suspicious for a possible heart attack. The MTUS Guidelines are silent on this issue. The literature and accepted guidelines support a thorough evaluation of the possible causes for these abnormal blood tests, including both heart and non-heart issues. This generally requires very close, high-level monitoring and multiple tests done quickly. For these reasons, this type of evaluation tends to be done in a hospital-type setting until it is clear that the person's condition is stable. Additional testing and treatment, if needed, is usually done in the outpatient setting. The submitted and reviewed documentation reported the worker had multiple risk factors for heart disease, and blood tests done in the emergency department showed suspicious findings. The worker underwent a thorough evaluation in the hospital, and these records indicated the worker had a low likelihood for a serious or urgent issue. The worker developed other nonspecific symptoms that required additional evaluation and was also found to have some issues that required treatment, such as a left leg skin infection. However, the submitted documentation did not detail issues or treatments that required hospital-level care during the dates of this request, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for inpatient admission and continued stay for the dates of service 01/16/2015 through 01/28/2015 is not medically necessary.