

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/20/2013
Date of Injury:	5/7/2013
IMR Application Received:	6/10/2013
MAXIMUS Case Number:	CM13-0000613

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for an **inpatient hospital stay from 5/8/13-5/14/13 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for an **inpatient hospital stay from 5/8/13-5/14/13 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

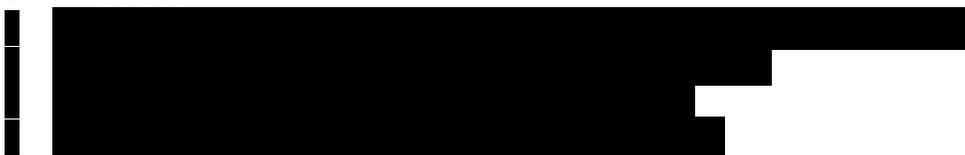
Expert Reviewer Case Summary:

The patient is a 37-year-old male who is reported to have tripped and fallen over a power cord, falling onto his right side on 05/08/2013. The patient is noted to have undergone X-rays which demonstrated an intertrochanteric hip fracture. The patient was admitted for a surgical repair of his hip. The operative report dated 05/09/2013 indicated that the patient underwent an open reduction internal fixation of a right intertrochanteric hip fracture. A progress note, signed by Dr. [REDACTED] and dated 05/10/2013, reported that the patient was 1 day postop status post a right hip ORIF for fracture. He denied any complaints of chest pain or shortness of breath and was noted to be out of bed on that date. Examination of the right lower extremity noted that his calf was nontender and nondistended. The dressings were clean and dry. Light touch was intact, and his toes were warm and well-perfused. The patient was out of bed with physical therapy. He was doing toe touch weightbearing, and the patient was utilizing a compression pump and enoxaparin for deep vein thrombosis (DVT) prophylaxis. A clinical note dated 05/11/2013, signed by Dr. [REDACTED], reported that the patient was able to be out of bed and walking with physical therapy, and he was encouraged to remain out of bed for the better part of the day, sitting up in a chair. On 05/12/2013, the patient was noted to, on physical exam, have a right thigh that was edematous. The calf was normal circumference. There was no evidence of venous impedance. The patient was noted to continue to use SCDs and enoxaparin for treatment for prophylaxis for DVT. He was noted to be out of bed with PT and toe touch weightbearing on the right. The doctor felt that the increased thigh circumference was likely due to intracompartmental bleed secondary to surgery and anticoagulants. On 05/13/2013, the patient was out of bed with physical therapy and beginning to mobilize. He remained on toe touch. The patient was making stable progress, and a plan was made to discharge him from the hospital once all of his DMEs were in place. As per the support staff, those would not be available until the next day.

The previous Letter of Determination non-certified the request for a 5 day inpatient hospital stay, indicating that it appeared that the patient was in the hospital for an extra day because of no availability of DME, and it was not a medical reason for additional hospital time.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



1) Regarding the retrospective request for an inpatient hospital stay from 5/8/13-5/14/13:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Hip and Pelvis, Internal Fixation, which is not part of the MTUS, and the Milliman Care Guidelines (MCG): Inpatient & Surgical Care 17th edition Hip Fracture, Open Repair, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG) hospital length of stay (LOS) guidelines: Hip Arthroscopy , which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines (ODG) recommend up to 6 days with no complications following a hip arthroscopy. The Milliman Care Guidelines recommend a 3 day postoperative length of stay following an open repair of a hip fracture. The progress note signed by the physician indicate that the employee was progressing well, was up out of bed and was ambulating with physical therapy as of 05/11/2013 and was noted on 05/12/2013 to have edema of his right thigh, which the physician felt likely to be intracompartmental bleeding secondary to surgery and anticoagulants. The additional day on 05/13/13 would be indicated to continue to assess the patient regarding the swelling of the right thigh; however, a progress note dated 05/13/2013 reported that the employee was out of bed with physical therapy and starting to mobilize. It was reported that the employee was ready for discharge once his durable medical equipment (DMEs) were in place; and per the support staff, they would not be available until the day after. The additional day from 05/13/2013 to 05/14/2013 is not indicated as medically necessary as it appears the employee remained in the hospital to await delivery of his DME prior to being discharged, not out of medical necessity.

The request for a retrospective inpatient hospital stay from 5/8/13-5/14/13 is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.