

Case Number:	CM13-0005151		
Date Assigned:	04/21/2014	Date of Injury:	05/02/1986
Decision Date:	05/28/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/31/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 69-year-old female who reported an injury on 05/01/1986. The mechanism of injury was not provided. The note dated 06/25/2013 indicated the injured worker would be having surgery on 07/08/2013 to the right shoulder. The physician indicated the injured worker needed to go to the rehab facility after her stay in the hospital. The physician noted that she could be at the rehab facility for approximately 2 to 10 weeks depending on her recovery progression. The physician indicated the injured worker would need a shoulder immobilizer that would be placed on during the surgery. The physician noted the injured worker may possibly need a cane and a gait belt to help her safely transfer from bed to chair and for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REHAB FACILITY AFTER SURGERY, 10 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Pub Med J of Orthopwedics and Sports Physical Therapy Dec 2007; Volm 37#12 65 references Higgins, MD and Boundreau, DPT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Skilled Nursing Facility (SNF) Care.

Decision rationale: The California MTUS/ACOEM does not address rehabilitation facilities. However, the Official Disability Guidelines state that skilled nursing facility (SNF) care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24 hour basis. The criteria for skilled nursing facility care (SNF) is the patient is hospitalized for at least 3 days for major or multiple trauma, or major surgery such as spinal surgery, total hip, or knee replacement. A physician must certify that the patient needs SNF care for treatment of major or multiple trauma, postoperative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care, such as COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit. In addition, the patient should have a significant new functional limitation such as inability to ambulate more than 50 feet, or perform activities of daily living such as self care, eating, or toileting. The patient requires skilled nursing or skilled rehabilitation services or both on a daily basis or at least 5 days per week, treatment is precluded in lower levels of care, such as no caregivers at home or patient cannot manage at home, or home environment is unsafe. The nursing facility must be a Medicare certified facility. The records submitted for review failed to include documentation that the injured worker was undergoing a major surgery such as spinal surgery, total hip, or knee replacement. The records submitted for review failed to include documentation that the injured worker would be hospitalized for at least 3 days. The physician failed to include documentation of significant medical comorbidities with new functional limitations that preclude management with lower levels of care. The records submitted for review failed to include documentation that the injured worker had an inability to ambulate more than 50 feet or perform activities of daily living such as self care, eating, or toileting. The physician indicated the injured worker could be in a rehabilitation facility for approximately 2 to 10 weeks depending on her recovery progression. The request as it was submitted was, rehab facility after surgery, 10 weeks, which is excessive in comparison to the physician documenting that the injured worker could be in a rehab facility for approximately 2 to 10 weeks. As such, the request for rehab facility after surgery, 10 weeks, is not supported. Therefore, the request is not medically necessary.