

<b>Case Number:</b>	CM13-0039244		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/01/2002
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 62 year old female with a 04/01/2002 date of injury to her cervical spine after a fall. Prior treatment included right shoulder arthroscopy on 04/04/2013, posterior multilevel Cspine fusion on 08/15/2013 and surgery on 08/15/2013 including revision of right carpal tunnel release with release of ulnar nerve at Guyon canal and median and ulnar nerve neurolysis. She underwent acute therapy from 08/23/2013 to 08/25/2013 following the surgeries of 08/15/2013. Diagnostic studies EMG/NCV testing of the bilateral upper extremities on 07/11/2013 revealed bilateral C6 radiculopathy, mild sub acute right, chronic on the left. CT spine cervical w/o contrast dated 08/21/2013 revealed postsurgical changes. 08/19/2013, [REDACTED] revealed no sonographic evidence of DVT in the left leg. 08/16/2013, MRI spine cervical w/o contrast showed postsurgical changes consistent with anterior and posterior spinal fusion. 11/09/2012, MRI lumbar spine w/o and w contrast showed evidence of extensive surgery is noted including L4 through S1 fixation, laminectomies at L4 and L5 and discectomy at L4-L5. 7 mm anterolisthesis at L4-L5 and 7 mm anterolisthesis at L5-S1. 07/07/2011, CT shoulder right w/o contrast showed severe degenerative arthritis of the right glenohumeral joint with near complete obliteration of the joint space; sclerosis of the articular surface of the humeral head and glenoid fossa, with irregularity of the articular surface and subchondral cystic changes; large subchondral geode of the glenoid fossa, extending from the articular surface; atrophy of the supraspinatus muscle, suggestive of chronic supraspinatus tendon tear. Clinic note dated 08/02/2013 documented the patient had ongoing neck pain, interscapular pain, shoulder pain with upper extremity dysesthesias and paresthesias. Patient also had residual back, hip and leg discomfort. Patient had positive Spurling sign and Tinel and Phalen sign at the level of the right wrist. A progress note dated 08/08/2013 indicates she presented with pain level of 7/10 with her medications and a 10/10 without her medications. On neck exam, modest decrease in range of

motion on flexion, extension and lateral rotation. Trachea midline. Equivocal straight leg raises. Conventional walking normal exam. Increased pain and tenderness upon flexion and extension and external rotation of the lumbar spine. A note dated 08/28/2013 indicates that as of 08/26/2013, patient was ambulating 150 feet with all of her IV medications discontinued. Facility wanted to keep the patient as an inpatient because the patient's first appointment with the surgeon was on 08/28/2013 and the facility did not want her to live in a motel or hotel for one night. A note on 08/27/2013 from the case manager questions the safety of discharging a patient to a hotel by herself with a platform walker. The patient had been involved in acute therapy during 08/23/2013 to 8/25/2013 but still needed supervision with bathing and dressing. Further it was noted that progress note 08/23/2013 that patient will need acute inpatient rehab care for aggressive therapy, which is not clearly specified. The spouse is noted to have had back surgery as well and will not be able to help out with the patient's physical therapy at home. The request is for acute care inpatient rehabilitation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ACUTE CARE INPATIENT REHABILITATION: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG NECK AND UPPER BACK, KNEE CHAPTERS: CRITERIA FOR SKILLED NURSING FACILITY (SNF) CARE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHAPTER - NECK AND UPPER BACK (ACUTE AND CHRONIC), SKILLED NURSING FACILITY (SNF) CARE & KNEE & LEG (ACUTE AND CHRONIC), SKILLED NURSING FACILITY (SNF) CARE.

**Decision rationale:** CA MTUS Guidelines do not discuss specifically about the requested issue and hence ODG have been consulted. As per ODG, "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis." In this case, this patient had 2 major surgeries on 08/15/2013 and one surgery on 08/20/2013. There is documentation that this patient was ambulating on 08/26/2013 150 feet with all of her IV medications discontinued. The patient had been involved in acute therapy during 08/23/2013 to 08/25/2013 but still needed supervision with bathing and dressing. The facility wanted to keep the patient as an inpatient because the patient's first appointment with the surgeon was on 08/28/2013 and the facility did not want her to live in a motel or hotel for one night. Further it was noted that progress note 08/23/2013 that patient will need acute inpatient rehab care for aggressive therapy. The spouse was noted to have had back surgery and was not going to be able to help out with the patient. The request is for modified approval of additional acute care inpatient rehabilitation from 08/26/2013 - 08/28/2013 is medically necessary and is certified.