

<b>Case Number:</b>	CM13-0045033		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Ohio and 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 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 58-year-old female who reported an injury on 07/15/2010. The mechanism of injury was stated to be the patient was sitting at a desk and stood and attempted to walk away and her feet got tangled in the cords beneath the desk causing her to fall on her left side to the ground. The patient was noted to have immediate onset of pain in the neck, left shoulder, left hip, and left knee. The patient was noted to have significant weakness in both legs making it difficult to ambulate. The patient was noted to be wheelchair bound. The patient was noted to have an inability to get out of the wheelchair and have severe rheumatoid arthritis. The request was made for nursing home care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nursing home facility care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, 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), Knee & Leg Chapter, Skilled Nursing Facility Care.

**Decision rationale:** The patient's diagnosis was not provided. Official Disability Guidelines recommend the criteria for a skilled nursing facility include that the patient needs skilled nursing facility care for treatment of major or multiple trauma, the patient has a significant new functional limitation, the patient requires skilled nursing or skilled rehabilitation services or both on a daily basis for at least 5 days per week, treatment is precluded in lower levels of care which includes there are no caregivers at home or the patient cannot manage at home, or the home environment is unsafe and there are no outpatient management options. The patient was noted to have limited walking, and difficulty performing activities of daily living such as self-care and personal hygiene. The patient was noted to have complaints of pain in the neck which was constant and moderate to severe in intensity with muscle spasms and occasional locking sensations in the neck. The patient is noted to have pain in the bilateral upper extremities extending to the hands and wrists with sharp, aching pain as well as numbness and tingling affecting all digits. The patient was noted to be no longer able to kneel, squat, walk, or stand. The patient was noted to have increased pain with coughing, sneezing, and bowel movements. The patient was noted to have pain in the thoracolumbar spine radiating distally throughout the bilateral lower extremities extending to the feet and toes where there was noted to be sharp, stabbing pain as well as severe swelling of the feet. The patient was noted to have moderate to severe difficulty with travel, sexual function, sleep, and non-specialized hand activities. The clinical documentation submitted for review indicated that the patient had significant deficits, however, there was a lack of documentation indicating the patient had no one at home that could assist her and there was a lack of documentation that all lower levels of care had been exhausted. The submitted request failed to indicate the duration of care that was being requested. Given the above, the request for nursing home facility care is not medically necessary..