

Case Number:	CM13-0047253		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2001
Decision Date:	04/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine & 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 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 patient is a 64-year-old female with a reported date of injury on 11/01/2001; the mechanism of injury was not provided in the medical records. The clinical note dated 11/21/2013, noted the patient complained of low back pain with bilateral leg pain. The patient had an intrathecal infusion pump. The patient had progressive acquired scoliosis with convexity to the left. The patient's pain pump has morphine 25 mg/mL. She received 18.057 mg a day. The patient's medication regimen included Soma 350 mg 1 tablet daily, baclofen 10 mg 1 tablet 3 times a day, hydromorphone 2 mg tablet take 1 to 2 tablets every 6 hours by mouth, oxycodone 30 mg tablet take 1 tablet every 6 hours by mouth, Lidoderm 5% adhesive patch, apply 1 to 2 patches every day. Upon physical exam the patient was noted to have tenderness to palpation to bilateral greater trochanter muscles. The right side was exquisitely tender. Conservative care and/or therapies were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT REHAB AT [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

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 (ACUTE & CHRONIC), SKILLED NURSING FACILITY (SNF) CARE

Decision rationale: The Official Disability Guidelines recommend inpatient rehabilitation if necessary for after hospitalization when the patient requires skilled nursing or skilled rehab services or both, on a 24-hour basis. The guidelines note patients should be hospitalized prior for at least 3 days for a major multiple trauma, or major surgery and then admitted to the skilled nursing facility within 30 days of the hospital discharge. A physician need to certify that the patient needs the skilled nursing facility care for the treatment of major or multiple trauma, postoperative significant functional limitations, or associated significant medical co-morbidities with a new functional limitation that precludes management with lower levels of care such as COPD, heart disease, ventilatory support, spinal cord injury. Patients should have a significant new functional limitation such as an inability to ambulate more than 50 feet or perform activities of daily living. Patients should also require skilled nursing or skilled rehab services, or both, on a daily basis or at least 5 days a week. Skilled nursing and skilled rehab services are those which require the skills of technical or professionals such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate in at least 3 hours a day of physical therapy, occupational therapy, and/or speech therapy. The documentation provided for review did not indicate the patient was hospitalized for at least 3-days and it was unclear if the patient required skilled nursing and/or skilled rehab on a 24 hour basis. Therefore, the request is non-certified.