

Case Number:	CM13-0068088		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2008
Decision Date:	09/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neurologist and is licensed to practice in Texas, Massachusetts, and Ohio. 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 50-year-old female who reported an injury on 02/13/2008. The mechanism of injury involved a fall. The current diagnoses include spinal cord injury, cervical myelopathy, neurogenic bowel and bladder, myocardial infarction secondary to a venous air embolism, chronic pain, chronic edema, depression, moisture associated skin dermatitis, status post anterior cervical discectomy and fusion in 02/2013, status post posterior cervical fusion and discectomy in 03/2014, and lumbar surgery in 2000. A conference summary report was submitted on 12/05/2013. It is noted that the injured worker was issued authorization for inpatient neuro rehabilitation until 12/26/2013. The current request is for ongoing inpatient care from 12/27/2013 through 01/25/2014. It is noted that the injured worker currently demonstrates positive straight leg raising, persistent limitations in range of motion throughout the lower extremities, continued positivity of neural testing bilaterally in the lower extremities, significantly limited cervical range of motion with impaired posture, decreased lumbar lordosis, maximum assistance with bed mobility, maximum assistance with toilet transfers, and an inability to walk. Ongoing inpatient treatment was recommended at that time. There was no DWC Form RFA submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for comprehensive inpatient neuro-rehabilitation program, Dos: 11/27/2013 through 12/4/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDA Internet Duration Guidelines by Presley Reed, MD, Address spinal cord injury.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Cognitive skills retraining, skilled nursing facility (SNF) care.

Decision rationale: The ODG recommend skilled nursing facility care if necessary, after hospitalization when a patient requires skilled nursing, or skilled rehabilitation services on a 24 hour basis. Cognitive skills retraining are recommended, when the retraining is focused on relearning of specific skills. As per the documentation submitted, the injured worker had continuously participated in inpatient neuro rehabilitation. The injured worker has been issued authorization for inpatient care up until 12/26/2013. Despite ongoing treatment, the injured worker continues to demonstrate multiple activity limitations. There is no documentation of a significant functional improvement, and there is no documentation of progress over the approved period of time to support the treatment provided. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Prospective request for continued inpatient neuro-rehabilitation program x 30 days:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDA Internet Duration Guidelines by Presley Reed, MD, Address spinal cord injury.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Cognitive skills retraining, Skilled nursing facility (SNF) care.

Decision rationale: The ODG recommend skilled nursing facility care if necessary after hospitalization when a patient requires skilled nursing or skilled rehabilitation services on a 24 hour basis. Cognitive skills retraining are recommended, when the retraining is focused on relearning of specific skills. As per the documentation submitted, the injured worker had continuously participated in inpatient neuro rehabilitation. The injured worker has been issued authorization for inpatient care up until 12/26/2013. Despite ongoing treatment, the injured worker continues to demonstrate multiple activity limitations. There is no documentation of a significant functional improvement. There is no documentation of progress over the approved period of time to support the treatment provided. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.