

<b>Case Number:</b>	CM13-0068488		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/06/1989
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 51-year-old male who reported an injury on 04/06/1989. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with sprain and strain of other unspecified sites of the shoulder and upper arm. The patient recently underwent revision of right reverse total shoulder arthroplasty on 12/04/2013 by [REDACTED]. The latest hospital note submitted for this review is documented on 12/09/2013 by [REDACTED]. The patient was admitted for elective right shoulder surgery. The patient tolerated the procedure well and had no immediate surgical complications. The patient was being transferred to a skilled nursing facility for physical and occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFER TO SKILLED NURSING FACILITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE BENEFIT POLICY MANUAL, CHAPTER 8, COVERAGE OF EXTENDED CARE (SNF) SERVICES UNDER HOSPITAL INSURANCE, 30, SKILLED NURSING FACILITY LEVEL OF CARE, GENERAL.

**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 (SNF) CARE

**Decision rationale:** Official Disability Guidelines state patients should be hospitalized for at least 3 days for major or multiple trauma or major surgery. A physician should certify that the patient needs skilled nursing facility care for treatment of major or multiple traumas, postoperative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care. The patient should have a significant new functional limitation such as inability to ambulate more than 50 feet or perform activities of daily living. As per the documentation submitted, the patient is wheelchair bound secondary to paraplegia from the initial accident. The patient's latest physical examination is documented on 12/08/2013, and revealed atrophy with contractures. The patient has previously maintained home healthcare services following total shoulder arthroplasty in 07/2013. There is no indication that this patient suffers from a new functional limitation that would require skilled nursing or skilled rehabilitation services on a daily basis. There is also no indication of the need for skilled nursing services as opposed to outpatient management. There is no clinical rationale provided as to why the patient is no longer able to return home with the assistance of the 24-hour caregiver. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.