

Case Number:	CM13-0069093		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2010
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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 47-year-old female with date of injury of 11/30/2010. The listed diagnoses dated 12/02/2013 are: Recurrent angioedema, Obesity, Gait abnormality, Functional decline, Hypertension, Steroid-induced hyperglycemia, Peripheral polyneuropathy and partially neuropathic pain. According to the report, the patient complains of difficulty with ambulation and activities of daily living. The patient has had chronic angioedema with acute exacerbation multiple times with multiple hospital admissions. She has had significant difficulty with gait and ADLs and was asked to be evaluated for rehabilitation. She has generalized weakness and poor endurance. Her current level of function is about stand-by assist with front-wheeled walker. She is able to ambulate but with very poor endurance and difficulty. The physical exam shows the patient is in no acute distress, tracheostomy is in place. There are diminished breath sounds of bilateral bases. There is no pitting or edema or calf tenderness noted in the extremities. The patient does report some numbness in both arms and legs. The Utilization Review denied the request on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT ACUTE REHAB PROGRAM 10-14 DAY STAY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on Skilled Nursing Facility (SNF) Care.

Decision rationale: The occupational therapy report dated 12/06/2013 shows the patient needs assistance with toileting, bathing, grooming and hygiene. In addition, she is moderately independent in her ability to transfer from a sitting to a standing position. The patient has impaired functional mobility and impaired balance and coordination as well as decreased endurance. In this case, the patient has significant medical comorbidities with functional limitations including activities of daily living and self-help skills in which an inpatient acute rehab program may be beneficial and the recommendation is for authorization.