MAXIMUS Federal Services

Case Number:	CM13-0071641		
Date Assigned:	01/08/2014	Date of Injury:	06/10/1996
Decision Date:	08/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/28/2013

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 Orthopedic Surgery 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 injured worker is a 53 year old male who reported an injury to his cervical region. The initial injury occurred on 06/02/96 when he had a slip and fall resulting in cervical region pain. The injured worker underwent a cervical fusion as well as a bilateral inguinal surgery. The clinical note dated 06/06/13 indicates the injured worker having undergone a previous surgery at the C4 level as well as 2 additional surgeries to repair an inguinal hernia. The injured worker rated his ongoing neck pain as 8/10. The injured worker underwent a urine toxicology screen on 06/10/13 which resulted in the injured worker demonstrated compliance with the prescribed drug regimen. The clinical note dated 06/17/13 indicates the injured worker rating his neck pain at that time as 8/10 and the low back pain was 4-6/10. The injured worker also reported radiating pain into the lower extremities from the lumbar region. The injured worker was able to demonstrate 30 degrees of flexion, 30 degrees of extension, 30 degrees of bilateral rotation, and 25 degrees of right lateral flexion with 30 degrees of left lateral flexion. Electrodiagnostic studies completed on 06/21/13 revealed no evidence of cervical radiculopathy or lumbar radiculopathy. Moderate right sided carpal tunnel syndrome was identified. Mild to moderate left carpal tunnel syndrome was also identified. The clinical note dated 06/26/13 indicates the injured worker continuing with bilateral inguinal region pain. The CT scan of the cervical spine dated 07/01/13 revealed moderate to severe osteoarthritis at the C5-6 and C6-7 levels. Stenosis was also identified at C5-6 and C6-7. The utilization review dated 11/21/13 resulted in a denial for inclusion into a skilled nursing facility as no information had been submitted regarding the injured worker's hospitalization for at least 3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST - OP CARE AT NURSING HOME FOR 2 WEEKS AFTER SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Low back chapter).

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

Decision rationale: The documentation indicates the injured worker complains of cervical region pain as well as inguinal region pain. Inclusion into a nursing home facility for postoperative care would be indicated provided the injured worker meets specific criteria to include a 3 night stay within a hospital setting. No information had been submitted confirming the injured worker's 3 day stay within a hospital setting. Therefore, it is unclear if the injured worker would require a skilled nursing facility for postoperative care. The request for postoperative care in a nursing home for 2 weeks following a surgery is not medically necessary.