

Case Number:	CM14-0106362		
Date Assigned:	07/30/2014	Date of Injury:	02/13/2008
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 was not stated. The current diagnosis is cervical myelopathy with spinal cord injury. A request for authorization was submitted on 06/19/2014 for continued authorization for inpatient stay at [REDACTED] for physical therapy, occupational therapy, speech therapy, and medication management. A conference summary note was submitted on 05/19/2014. It is noted that the injured worker was authorized for ongoing inpatient treatment until 05/27/2014. An additional 30 days was being requested on that date prior to a discharge to a long-term care facility. It was noted that the injured worker required ongoing inpatient programming secondary to significantly impaired mobility, significantly impaired upper extremity range of motion and fine and gross motor coordination, ongoing counseling to address adjustment to disability, and behavior programming to address noncompliance of treatment recommendations. The injured worker demonstrated limited range of motion of the bilateral lower extremities, maximum assistance with bed mobility transfers, maximum assistance with wheelchair and toilet transfers, decreased coordination, and diminished strength. Ongoing inpatient treatment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued inpatient stay at a subacute and skilled nursing facility for medication management (cervical) frequency and duration not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 LOS (SNF).

Decision rationale: Official Disability Guidelines recommend up to 10 to 18 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility as an option, but not a requirement, depending on the degree of functional limitation. As per the documentation submitted, the injured worker has a medical history of a spinal cord injury related to cervical myelopathy and has attended inpatient comprehensive neurorehabilitation for 6 months. The injured worker continues to demonstrate significant limitations of activity and requires moderate to maximum assistance with activities of daily living and transfers. However, additional treatment would further exceed guideline recommendations. Based on the clinical information received, the request is not medically necessary.

Continued inpatient stay at a subacute and skilled nursing facility for PT, OT, ST 2x/week for weeks (cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 LOS (SNF).

Decision rationale: Official Disability Guidelines recommend up to 10 to 18 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility as an option, but not a requirement, depending on the degree of functional limitation. As per the documentation submitted, the injured worker has a medical history of a spinal cord injury related to cervical myelopathy and has attended inpatient comprehensive neurorehabilitation for 6 months. The injured worker continues to demonstrate significant limitations of activity and requires moderate to maximum assistance with activities of daily living and transfers. However, additional treatment would further exceed guideline recommendations. Based on the clinical information received, the request are not medically necessary.

Analysis and re-programming of implanted intrathecal infusion pump: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 52-54 Page(s): 52-54.

Decision rationale: California MTUS Guidelines state implantable drug delivery systems dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options. A programming session allows the clinician to adjust the patient's prescription, as well as record or recall important information about the prescription. As per the documentation submitted, the injured worker was issued authorization for 1 session of reprogramming of the implanted intrathecal infusion pump. The current request for an additional analysis and reprogramming of the implanted intrathecal infusion pump has not been established. As such, the request is not medically necessary.