

Case Number:	CM14-0128945		
Date Assigned:	08/15/2014	Date of Injury:	09/25/2006
Decision Date:	09/25/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 25, 2006. A Utilization Review was performed on July 18, 2014 and recommended modification of rehabilitation inpatient facility (duration not indicated) to rehabilitation inpatient facility x5 days. A Physical Therapy Evaluation dated July 16, 2014 identifies the patient underwent L2-S1 fusion on 7/15/2014. A Progress Note dated July 17, 2014 recommends discharge to rehab and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation inpatient facility. Duration not indicated: Upheld

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

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

Decision rationale: Regarding the request for rehabilitation inpatient facility, California MTUS and ACOEM do not contain criteria for the use of skilled nursing facilities. ODG recommends the use of skilled nursing facilities if the patient has been hospitalized for at least 3 days for

major multiple trauma or major surgery and was admitted to the skilled nursing facility within 30 days of discharge, if treatment for the above conditions has caused new functional limitations which preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. Additionally, skilled nursing admission would require that the patient needs skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week. The patient needs to benefit from and participate with at least 3 hours per day of physical therapy, occupational therapy, and or speech therapy. Additionally, ODG states that the facility must be a Medicare certified facility, and the treatment is precluded in lower levels of care. Within the information available for review, the patient underwent a recent major surgery. However, there is no documentation that the patient was hospitalized for at least 3 days and surgery caused new functional limitations which preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. There is no indication that the patient needs skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week; the patient needs to benefit from and participate with at least 3 hours per day of physical therapy, occupational therapy, and or speech therapy; and that the facility must be a Medicare certified facility. In the absence of such documentation, the currently requested rehabilitation inpatient facility is not medically necessary.