

Case Number:	CM14-0165270		
Date Assigned:	10/08/2014	Date of Injury:	09/30/2003
Decision Date:	10/16/2014	UR Denial Date:	09/09/2014
Priority:	Expedited	Application Received:	10/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, and shoulder pain with derivative complaints of psychological stress reportedly associated with an industrial injury of September 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; apparent revision laminectomy and fusion surgery on August 12, 2014; and a subsequent two-week stay in an inpatient rehabilitation facility. In a utilization review report dated September 9, 2014, the claims administrator denied a request for a five-day additional stay in an acute rehabilitation facility. The claims administrator's rationale was somewhat difficult to follow. Stated, somewhat incongruously, in some sections of the report that the claimant would require an additional stay in the SNF facility. At the bottom of the report, however, it was stated that the request for five additional days of inpatient rehabilitation were denied. The applicant's attorney subsequently appealed. In an August 22, 2012 rehabilitation admission history and physical exam, the claimant was described as having issues with chronic low back pain and spinal stenosis status post anterior and posterior L4-5 fusion surgery revisions. The claimant had a variety of medical, neurologic, and orthopedic comorbidities, including a history of stroke, prior left knee surgery, prior shoulder surgery, and diabetes. In a September 4, 2014, occupational therapy progress note, the claimant was described as having persistent complaints of low back pain. The claimant was having difficulty toileting herself, it was stated, and apparently required assistance with the same. The claimant required minimal assistance with mobility, but was apparently using a walker to move about. It was stated that the claimant required additional occupational therapy education for activities of daily living, assistance, safety, and mobility purposes. The applicant apparently had some difficulty transferring. The note was highly templated and very difficult to follow. The treating therapist concluded by

stating that the applicant would continue to benefit from skilled occupational therapy to maximize safe independent functioning. It was stated the claimant was motivated to improve activities of daily living including showering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute Rehabilitation Facility (5 additional days): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Skilled Nursing Facility (SNF) Care; and on the Non-MTUS Interqual McKesson LOC Rehab Orthopedic / Amputation (Acute Rehab) Severity of Illness

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG) Low Back Chapter, Skilled Nursing Facility Care 2. Official Disability Guidelines (ODG) Knee Chapter, Skilled Nursing Facility Care

Decision rationale: The MTUS does not address the topic. As noted in ODG Knee Chapter, Skilled Nursing Facility, Length of Stay, "up to 10 to 18 days" in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility are recommended as an option, depending on the degree of functional limitation. Similarly, ODG Low Back Chapter, Skilled Nursing Facility Care, also states that skilled nursing facility care is recommended if necessary after hospitalization when an applicant requires skilled nursing or skilled rehabilitation services or both on a 24-hour basis. In this case, the applicant is apparently having difficulty performing activities of daily living as basic as ambulating, toileting, transferring, showering, etc., safely. The treating therapist has apparently expressed concerns about the applicant toileting herself and has apparently expressed fears that the applicant may fall. An additional five-day stay in the rehabilitation facility will likely facilitate the applicant's ability to perform activities of daily living such as showering, toileting, bathing, ambulating, transferring, etc., on discharge, in a more facile manner. It is further noted that the applicant appears to have a variety of comorbidities including diabetes, obesity, history of stroke, multiple other orthopedic issues, etc., which appear to be impeding and delaying her recovery. Therefore, the request for Acute Rehabilitation Facility, 5 additional days, is medically necessary.