

<b>Case Number:</b>	CM14-0034337		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 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 56-year-old female with a date of injury of 03/27/2009. The listed diagnoses are: 1) Spondylolisthesis 2) Congenital fusion of spine 3) Spinal stenosis, lumbar 4) Venous thrombosis 5) Lumbosacral spondylosis 6) Lumbar/lumbosacral disk degenerative disease 7) Lumbosacral neuritis 8) Scoliosis 9) Rotator cuff disease and 10) Kyphosis. According to the 03/11/2014 letter by [REDACTED], the patient is status post L3 to S1 anterior lumbar interbody fusion with partial corpectomy of L4 on 02/05/2014. On 02/18/2014, the patient presented for post op follow up and reported significant decrease in functional status as well as strength and endurance. Examination revealed surgical wound measuring 38cm and clean and dry. Left upper back showed an open wound drain site and right lower back showed surgical wound with staples. Plan of treatment is to admit patient into Ballard for acute inpatient rehabilitation to include Physical Therapy (PT), Occupational Therapy (OT), rehabilitation nursing and rehabilitation physician. The request is for a transfer of care to a skilled nursing facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to skilled nursing facility (SNF), unit 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services: Criteria Chapter 7.0, Criteria for long-term care services page 7.0 R-15-98E Criteria for Long-

Term Care Services Skilled Nursing Facility Services I. Criteria for Determining Admission to SNF's.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Anthem, Clinical UM Guideline, Acute Inpatient Rehabilitation, CG-Rehab-09.

**Decision rationale:** This patient is status post L3 to S1 anterior lumbar interbody fusion with partial corpectomy of L4 on 02/05/2014. The request is for a transfer of care to a skilled nursing facility. Utilization review denied the request on 03/10/2014 stating that the medical records do not support the medical necessity of this request. The provider's report simply states that the patient's functional level has declined with decreased strength and endurance. There are no other reports available to determine the patient's acute rehabilitation potential. The MTUS and the ODG guidelines do not address acute rehabilitation or skilled nursing facility admission criteria. ANTHEM Blue cross/Blue shield guidelines are consulted and admission for acute rehabilitation require identification of a risk for medical instability if not treated in an inpatient setting. In this case, the provider does not present such a discussion. There are no consultation reports from the skilled nursing facility to determine the patient's in-patient care needs and why it cannot be addressed on an out-patient setting or with home-care/home therapy. Therefore the request for transfer of care to a skilled nursing facility is not medically necessary.