

Case Number:	CM14-0036201		
Date Assigned:	06/25/2014	Date of Injury:	09/23/2000
Decision Date:	08/07/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 Internal Medicine & Emergency 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:

This patient is a 44-year-old with a date of injury of 09/23/00. The discharge summary on 02/19/14 noted that the patient still had some back pain. He was neurologically intact. Discharge was to home and instructions were for activity ad lib. His diagnosis included difficulty walking. Treatment included a lumbar fusion on 02/10/14. A note on 02/19/14 stated that the patient refused to go home because his partner was a hoarder and he was concerned about objects around the house. He requested to go to a skilled nursing facility (SNF). A Utilization Review determination was rendered on 02/24/14 recommending non-certification of subsequent nursing facility care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nursing fac care, subsequent: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Low Back.

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, Skilled Nursing Facility (SNF) Care.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address skilled nursing care post lumbar fusion. The Official Disability Guidelines (ODG) state that skilled nursing facility (SNF) care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. In this case, based on his status at discharge, the patient did not require skilled services on a 24-hour basis. Therefore, the request is not medically necessary.