

<b>Case Number:</b>	CM14-0038847		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 58 year-old male whose date of injury is October 28, 2008. The mechanism of injury is noted as a blunt force, involving the right knee. The most recent progress note, dated February 24, 2014, indicates that there are ongoing complaints of neck, low back and bilateral knee pain. The physical examination demonstrated a five foot seven inch, two hundred eighty pound individual who is alert and oriented. There is tenderness to palpation in the posterior cervical spine, a decrease cervical spine range of motion, slightly decreased deep tendon reflexes in the bilateral upper extremities and a full range of motion of both shoulders. A slight sensory decrease in the right proximal lower extremity with a foot drop is noted. Ambulation with a walker is reported. Diagnostic imaging studies objectified the thoracic spine and lumbar spine pathology and postsurgical state. Previous treatment includes spinal cord stimulator, lumbar laminectomy, carpal tunnel release and epidural steroid injections. A permanent stationary status was assigned as well as an impairment rating. A request had been made for an assisted living facility and was not recommended in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assisted Living Facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for skilled nursing facility care (SNF), Knee & Leg Chapter and Low Back Chapter.

**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 chapter updated July 3, 2014.

**Decision rationale:** It is noted that neither the Medical Treatment Utilization Schedule (MTUS) or American College of Occupational and Environmental Medicine (ACOEM) Guidelines address this issue. As outlined in the low back chapter of the Official Disability Guidelines (ODG), such facilities are indicated only if there is a need for 24 hour care. It is noted that this individual has been determined to be permanent and stationary, has been assigned an impairment rating, and there is no specific narrative why assisted living facilities will be required to address the chronic pain issues. There are noted range of motion issues relative to the lower extremity as well as low back. The surgical interventions are noted however the records do not indicate why this individual cannot take care of himself. Therefore, the request for assisted living facility is not medically necessary and appropriate.