

Case Number:	CM14-0056438		
Date Assigned:	07/09/2014	Date of Injury:	02/03/2006
Decision Date:	09/05/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family 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:

This is a 65 year old patient who reported an industrial injury on 2/3/2006, over 8 years ago, attributed to the performance of her job tasks. The patient underwent a splenectomy and excision of a splenic artery aneurysm and was provided post-operative care in the skilled nursing facility (SNF). The patient was approved for a 21 day post-operative rehabilitation stay in the SNF the treatment request was for an additional 1x7 days continued stay in the skilled nursing facility. The patient was documented to have received occupational therapy from 4/3/14 to 4/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Stay at a Skilled Nursing Facility x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefit Policy Manual, Chapter 8 - Coverage of Extended Care (SNF) Services; Under Hospital Insurance, 30 - Skilled Nursing Facility Level of Care - General.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis--skilled nursing facility; hospital length of stay; home health services.

Other Medical Treatment Guideline or Medical Evidence: Medicare Benefit Policy Manual
Chapter 8 Coverage of SNF services.

Decision rationale: The provider did not provide subjective/objective evidence to support the medical necessity of the additional physical therapy for the treatment of the patient's post-operative splenectomy in the SNF as opposed to outpatient PT or home health services with home PT. There is no objective evidence provided to support the medical necessity of an additional seven (7) days of inpatient rehabilitation at the SNF after the prior authorization of 21 days for rehabilitation. The continued provision of OT at the SNF for a splenectomy is not demonstrated to be medically necessary. The patient has received a significant number of sessions of OT/PT and should be integrated into a self-directed home exercise program. It is clear that the patient can be integrated into home PT or outpatient PT with a self-directed home exercise program as recommended. There is no demonstrated medical necessity by the provider to support keeping the patient as an inpatient SNF for continued rehabilitation PT for another 7 days. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional seven (7) of inpatient rehabilitation PT. Therefore the request is not medically necessary.