

Case Number:	CM14-0064168		
Date Assigned:	05/08/2014	Date of Injury:	04/01/2003
Decision Date:	05/14/2014	UR Denial Date:	04/23/2014
Priority:	Expedited	Application Received:	05/07/2014

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 Physical Medicine & Rehabilitation 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 65 year-old female sustained a low back injury on April 1, 2003 while employed by [REDACTED]. The patient has had several lumbar surgeries, including most recent with hardware removal when she developed a post-operative infection that was I&D (incision and debridement) on December 24, 2013. It appears that the patient has been at a skilled nursing facility (SNF) for the past four months since the date of surgery. The current report noted that the patient has ongoing severe low back pain; however, with clinical findings of good strength at 4/5 in the lower extremities and is capable of independently ambulating using a walker and her spinal incision had healed. There was no mention from the provider for additional SNF stay nor is there any indication of such. There is a P&S report dated April 25, 2006 from the spine surgeon who noted that the patient worked as an Administrative Specialist II who was moving boxes when she felt low back pain in 2003. There was an MRI of the lumbar spine dated February 4, 2004, which noted a synovial cyst at L4-5. She underwent revision decompression and fusion of L4-S1 in February 2005. Exam showed tenderness, muscle spasm with normal motor strength, sensation and reflexes. The patient was deemed a qualified injured worker with permanent work restrictions. The request for additional 14 days at skilled nursing facility was non-certified on April 23, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 ADDITIONAL DAYS AT THE SKILLED NURSING FACILITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Skilled Nursing Facility Care; ODG Knee Chapter, Skilled Nursing Facility Care

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Summary of Medical Evidence, Skilled Nursing Facility, pages 347-348

Decision rationale: The California MTUS/ ACOEM Guidelines do not address this request. The Official Disability Guidelines state that skilled nursing criteria includes hospitalization for at least 3 days for major or multiple trauma, or major surgery; significant new functional limitation such as the inability to ambulate more than 50 feet, or perform ADLs; associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care; require skilled nursing and rehabilitation services on a daily basis or at least 5 days per week with at least 3 hours per day of physical therapy, occupational therapy, and/or speech therapy; and treatment precluded in lower levels of care. The report has noted that the patient is independently ambulating with a walker with 4/5 motor strength and spinal incision has healed. It is not clear whether the patient has had slow progress or what additional functional limitations are evident, requiring skilled nursing sessions. It is also unclear what specific skilled nursing procedures are needed as the reports have not documented any co-morbid medical history or limitations to self-manage in activities of daily living that would require skilled nursing. Therefore, the request for an URGENT 14 additional days at the Skilled Nursing Facility is not medically necessary and appropriate.