MAXIMUS Federal Services

Case Number:	CM14-0071333		
Date Assigned:	07/14/2014	Date of Injury:	12/22/1992
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 records presented for review, indicate that this 83-year-old male was reportedly injured on 12/22/1992. The mechanism of injury was noted as a twisting injury. The most recent progress note, dated 5/14/2014, indicated that there were ongoing complaints of low back and left knee pains. The physical examination demonstrated the injured male with a shuffling gait with use of a four-point walker and was unable to get out of a chair after sitting by himself. Left knee did not flex beyond 80. The injured worker lacked the leverage and strength to get himself up. Lumbar spine had gross loss of range of motion in the paraspinal musculature. The injured worker was unable to stand on his toes or heels because of balance issues. He was able to squat barely. No recent diagnostic studies are available for review. Previous treatment included previous surgeries, home healthcare, and medications. A request was made for assisted living center/nursing and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assisted Living Facility / Nursing Home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (Acute & Chronic) skilled nursing facility, updated 6/5/2014.

Decision rationale: Skilled nursing facility is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A Skilled Nursing Facility or SNF, has Registered Nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. This may include: An R.N. doing wound care and changing dressings after a major surgery, or administering and monitoring I.V. antibiotics for a severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for a patient to walk or get on and off the bed, toilet or furniture; a speech therapist helping a person regain the ability to communicate after a stroke or head injury; an occupational therapist helping a person relearn independent self-care in areas such as dressing, grooming and eating. After reviewing the medical records provided, it is noted the injured worker will likely benefit from placement into a skilled nursing facility/assisted living center/nursing home; however, there is insufficient documentation to determine that his work related injury is the sole cause of his need for such a high level of medical care. The injured worker also has a past medical history of Parkinson's disease, which is likely contributing to his need. Therefore, the request for assisted living facility / nursing home is not medically necessary and appropriate.