

Case Number:	CM14-0091405		
Date Assigned:	07/25/2014	Date of Injury:	06/18/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of June 18, 2013. A utilization review determination dated June 2, 2014 recommended noncertification for 2 additional days of acute rehab April 18, 2014 and April 19, 2014. Noncertification was recommended due to a lack of documentation justifying 2 additional days, as well as the patient not undergoing further physical therapy after April 17, 2014. Additionally, there was no documented functional deficits to justify ongoing treatment beyond the initially certified rehab period ending on April 17, 2014. An operative report dated April 3, 2014 indicates that the patient underwent L4-S1 fusion. A team conference report dated April 16, 2014 indicates that the patient is doing well and anticipates discharge on April 19, 2014. The status includes supervision with bathing and toileting, supervision with bed mobility, bed/chair transfers, and toilet transfers. The patient is also contact guard assist for stairs. The treatment plan recommends transfer training, neuromuscular reeducation, therapeutic exercise, patient and family education, self care/home management, therapeutic activity, neurobehavioral/cognitive evaluation, cognitive retraining, and cognitive skills. The treatment plan recommends 1-2 hours per day 5-6 days per week for one week. Progress reports from April 2014 are handwritten and a legible. A utilization review determination dated April 10, 2014 recommends certification for a 7 day acute rehabilitation stay. There is an admission form to acute rehab dated April 10, 2014. No progress notes dated April 18, 2014 or April 19, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient acute rehab two (2) additional days stay on 04/18/2014 and 04/19/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a051177.htm.

Decision rationale: Regarding the request for inpatient acute rehab 2 additional days (April 18, 2014 and April 19, 2014), California MTUS, ACOEM, and ODG do not contain criteria for this request. Anthem includes criteria for inpatient rehabilitation services. They state that acute inpatient rehabilitation is required when an individual's medical status is such that the intensity of services required could not reasonably be provided in an alternative setting (subacute facility or outpatient rehabilitation department). Within the documentation available for review, there are no progress reports from April 18, 2014 or April 19, 2014. Additionally, there is no indication that the patient was provided any skilled services during those 2 additional days, which could not have been provided in a lower acuity setting. Furthermore, there is no documentation suggesting why the patient required 2 additional days of acute rehabilitation above and beyond the initial 7 days which were previously authorized. In the absence of such documentation, the currently requested inpatient acute rehab 2 additional days (April 18, 2014 and April 19, 2014), are not medically necessary.