

Case Number:	CM15-0140649		
Date Assigned:	07/30/2015	Date of Injury:	05/07/2013
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 55 year old female who sustained a work related injury May 7, 2013. Past history included status post right shoulder arthroscopic rotator cuff repair November 2014. An MRI of the lumbar spine performed January 23, 2015, is present in the medical record. According to a primary treating physician's report, dated July 1, 2015, the injured worker presented for a follow-up evaluation. She is status post anterior posterior spinal fusion L4-L5, L5-S1 June 23, 2015. She is currently having low-grade fevers as well as urinary urgency. On examination, abdominal and back wounds are clean, dry, and intact. X-rays demonstrate hardware in good position, bone graft in good position. Diagnoses are C4-C5 and C5-C6 spondylosis with anterior spur formation and spondylolisthesis at C4-C5, right shoulder AC arthrosis and subacromial bursitis with impingement; left shoulder sprain-strain; lumbar spondylosis with spondylolisthesis degenerative type L4-L5 and spondylosis L5-S1. Treatment plan included continuing with walking and exercise program, urine culture and sensitivity ordered, and started empirically on Levofloxacin. At issue, is the request for authorization for acute rehab for 8 days 3 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute rehab for 8 days (3 hours a day): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, SNF.

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, Skilled Nursing Facility Care; Knee Chapter, Skilled Nursing Facility Care.

Decision rationale: Regarding the request for Acute rehab for 8 days (3 hours a day), California MTUS and ACOEM do not contain criteria for the use of skilled nursing facilities. ODG recommends the use of skilled nursing facilities if the patient has been hospitalized for at least 3 days for major multiple trauma or major surgery and was admitted to the skilled nursing facility within 30 days of discharge, if treatment for the above conditions has caused new functional limitations which preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. Additionally, skilled nursing admission would require that the patient needs skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week. The patient needs to benefit from and participate with at least 3 hours per day of physical therapy, occupational therapy, and or speech therapy. Additionally, ODG states that the facility must be a Medicare certified facility, and the treatment is precluded in lower levels of care. Within the information available for review, the patient underwent a recent major surgery. However, there is no documentation that the patient was hospitalized for at least 3 days and surgery caused new functional limitations which preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. There is no indication that the patient needs skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week; the patient needs to benefit from and participate with at least 3 hours per day of physical therapy, occupational therapy, and or speech therapy; and that the facility must be a Medicare certified facility. In the absence of such documentation, the currently requested Acute rehab for 8 days (3 hours a day) is not medically necessary.