MAXIMUS Federal Services

Case Number:	CM15-0141985		
Date Assigned:	07/31/2015	Date of Injury:	11/14/2007
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year-old male who sustained an industrial injury on 11/14/07. Initial diagnoses are not available. Current diagnoses include status post toe and nail wounds with subsequent gangrene and postoperative complex regional pain disorder as well as phantom pain after amputations, right tarsal tunnel syndrome, bilateral brachial plexus syndrome, status post axillary crutches, and chronic pain syndrome with idiopathic insomnia. Diagnostic testing and treatment to date has included radiographic imaging, surgery, wound care, physical therapy, psychology evaluation, and medication management. Currently, the injured worker complains of right foot pain. The treating provider reports the injured worker has had a good, but partial response to treatment. His right lower limb is still swollen and has become inflamed. Requested treatments include 14 days inpatient rehabilitation stay. The injured worker's status is reported as permanent and stationary. Date of Utilization Review: 07/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 days inpatient rehabilitation stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Skilled nursing facility (SNF) care.

Decision rationale: Pursuant to the Official Disability Guidelines 14 day inpatient rehabilitation stay is not medically necessary. Skilled nursing facility care is recommended if after hospitalization a patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A skilled nursing facility has registered nurses that provide 24-hour care to people who can no longer care for themselves due to physical, emotional or mental conditions. The criteria for skilled nursing facility (SNF) are enumerated in the Official Disability Guidelines. The criteria include a hospitalized patient for at least three days for major or multiple trauma or major surgery and was admitted to the SNF within 30 days of hospital discharge; a physician certifies the need for SNF. The patient has significant new functional limitations such as inability to ambulate within 50 feet or perform activities of daily living; the patient requires skilled nursing or skilled rehabilitation services on a daily basis or at least five days per week; treatment is precluded in lower levels of care e.g. no caregiver at home, the patient cannot manage at home, the home environment is unsafe, and there are no outpatient management options, the skilled nursing facility is a Medicare certified facility. In this case, the injured worker's working diagnoses are uncontrolled diabetes mellitus with complications; diabetic neuropathy; obesity; foot ulcers; foot amputation; hypertension; and vision loss. The date of injury is November 4, 2007. Request for authorization is July 7, 2015. There are no progress notes or documentation from the requesting provider in the medical record. The treatment request was initiated by an internal medicine provider. A podiatrist saw the injured worker on June 15, 2015 and referred the injured worker to the emergency department. The injured worker has a history of prior partial amputations of both feet with osteomyelitis. The injured worker was admitted to the hospital to treat infection (osteomyelitis) in the feet and undergo additional amputation. An operative note dated June 18, 2015 shows the injured worker underwent debridement with resection of the cuboid bony eminence; delayed wound closure; third digit amputation; second metatarsal head resection; second digit partial phalengectomy; wound debridement; application of wound VAC; post operative therapeutic injection; and postoperative therapy injection. The injured worker was to be treated for osteomyelitis. A PICC line was placed for administration of antibiotics. There was no discharge summary in the medical record. There was no progress note or treatment plan by the requesting provider regarding treatment to be initiated in the skilled nursing facility is unclear. As a result, there is no documentation indicating a 14 day inpatient rehabilitation stay is clinically indicated. Consequently, absent clinical documentation by the requesting provider with a clinical indication and rationale for a 14 day inpatient rehabilitation stay with subsequent noncompliance and refusal of transfusions while in the facility, 14 day inpatient rehabilitation state is not medically necessary.