

Case Number:	CM15-0164738		
Date Assigned:	09/02/2015	Date of Injury:	12/10/2002
Decision Date:	09/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 77 year old female who sustained an industrial injury on December 10, 2002. The worker was employed as a social worker at a health system. The accident was described as while working walking down a sidewalk she fell down landing on her right side and experienced immediate onset of pain. A physical therapy update note dated July 31, 2015 reported the worker displays improved functional mobility as demonstrated by through transfer and ambulation. She is able to ambulate with stand by assist on even surfaces and transfers to supervision. She demonstrated overall significant improvements in functional mobility; however, noted refusing on multiple occasions which limits overall progression for increased therapy. A thoracic spine follow up dated July 15, 2015 reported subjective complaint of lower back feeling like it is cracking in half. She is also with complaint of bilateral shoulder pains. She states wearing the back brace and the left foot and ankle orthotic along with participating in physical therapy session which is found to help. The plan of care noted continuing with inpatient rehabilitation with anticipated discharge in 6 weeks. She is status post fusion at L45- and L5-S1. She underwent nerve conduction testing on July 16, 2015 that showed the bilateral lower extremities with L5, left radiculopathy, and sensory polyneuropathy. An initial neurological evaluation dated June 15, 2015 reported current subjective complaint of being dizzy with any head movements. There is constant upper and lower back pain radiating into the right leg. She states constant bilateral lower extremity pain with associated weakness, numbness and tingling. She is currently not working. The neurologic impression found the worker with: status post low

back fusion with residual left leg weakness and foot drop; lumbar spine radiculopathy, rule out peroneal neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued stay at skilled nursing facility for physical therapy with anticipated discharge on 08/26/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) skilled nursing facility.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends the requested services if the patient requires skilled nursing or skilled rehabilitations services post hospitalization for a 24 hour basis. The provided documentation does not show the patient needs this care/physical therapy versus transition to home therapy. Therefore the request is not medically necessary.