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| Case Number: | CM15-0167964 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 04/23/2007 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 50-year-old male who sustained an industrial injury on 5/16/07. He reported that he fell getting off a forklift, landing on his back and left leg. The injured worker underwent L2-L5 hemilaminectomies with contralateral laminotomies and bilateral foraminotomies and repair of L3-5 dural tears on 7/21/15. He was transferred to inpatient acute rehabilitation on 7/25/15. Records indicated that he experienced post-operative urinary retention requiring insertion of a Foley catheter, and was still unable to void requiring on-going intermittent catheterizations. There were clinical findings consistent with active infection and the injured worker was being treated with intravenous antibiotics. He experienced hallucinations secondary to Tramadol. Progress was noted as slow in physical and occupational therapy given the significant pre-operative bilateral lower extremity weakness and fatigue. Authorization was requested for continued stay, acute inpatient rehabilitation program beginning on 8/9/15. The 8/11/15 utilization review modified this request for continued stay, acute inpatient rehabilitation program beginning on 8/9/15 to extend coverage of rehabilitation program for 7 days from 8/9/15 to 8/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued stay - acute inpatient rehabilitation program beginning 8-9-15: 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) Treatment in Workers Compensation (TWC), Low Back - Lumbar & Thoracic (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) Low Back-Lumbar & Thoracic: Skilled nursing facility (SNF) care.

Decision rationale: The California MTUS guidelines do not provide recommendations for length of stay. The Official Disability Guidelines state that acute inpatient rehabilitation admission is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. Guidelines generally support treatment in a skilled nursing facility or in an inpatient rehabilitation facility as an option, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities. This injured worker presents status post hemilaminectomies with foraminotomies and decompression at right from L2/3 to L5/S1 with significant functional impairment, active infection, and post-operative urinary retention. The 8/11/15 utilization review modified this non-specific request for continuing inpatient rehabilitation to 7 additional days. There is no compelling rationale to support the medical necessity of additional certification pending updated documentation of functional status. Additionally, a non-specific request for continued stay in an acute inpatient rehabilitation program lacks a specific duration required to assess medical necessity. Therefore, this request is not medically necessary.