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| Case Number: | CM15-0185142 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 01/27/2015 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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

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 27 year old male, who sustained an industrial injury on 1-27-15. The injured worker is being treated for lumbar spine strain-sprain, right knee sprain-strain, distal tibia-fibula fracture and displaced fibula posteriorly right ankle. Treatment to date has included open reduction internal fixation of right lower leg, occupational therapy, AFO brace, collagen dressing, oral medications including Percocet and an inpatient rehabilitation stay. On 6-2-15 injured worker complains of low back pain with radiation to both hips with stiffness and tightness; right leg pain (unable to completely weight-bear), constant right knee light to intermittent moderate and occasionally severe pain in the right knee and constant right ankle pain that is accompanied by swelling, popping, clicking, numbness and tingling in toes and ankles. He is temporarily totally disabled. Physical exam performed on 6-4-15 revealed right knee weakness with significant hamstring atrophy, well healed incision over the medial malleolus, with several areas of compromised soft issue over the subcutaneous border of the tibia and open incision extending from the mid-popliteal area to the distal fibula along the lateral border of the gastrosoleus. On 6-3-15 the treatment plan included home health nursing wound care and follow up at wound care center. On 9-10-15 a request for 5 days of acute inpatient rehabilitation stay from 6-10-15 to 6-15-15 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 days of acute 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, Criteria for skilled nursing facility care.

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 Chapter/ Skilled nursing facility (SNF) care.

Decision rationale: According to ODG, Skilled nursing facility (SNF) care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A Skilled Nursing Facility or SNF has Registered Nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. This may include: an R.N. doing wound care and changing dressings after a major surgery, or administering and monitoring I.V. antibiotics for a severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for a patient to walk or get on and off the bed, toilet or furniture; a speech therapist helping a person regain the ability to communicate after a stroke or head injury; an occupational therapist helping a person relearn independent self-care in areas such as dressing, grooming and eating. A review of the medical records indicates that the injured worker required IV meropenem for six weeks. He also required rehabilitation and wound care. However, the medical records do not establish the medical necessity for extending the patient's inpatient stay beyond six weeks. June 2, 2015 note anticipated discharge with a follow-up with surgeon. The request for the additional 5 days of acute inpatient rehab is not supported. The request for 5 days of acute inpatient rehabilitation stay is not medically necessary or appropriate.