

<b>Case Number:</b>	CM15-0188907		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/20/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on 5-20-2015. The injured worker is being treated for hemothorax, urinary retention, multiple rib fractures, tibia fracture, L2-3 fracture and sternum fracture. Treatment to date has included surgical intervention (open reduction internal fixation (ORIF) right ankle, and IVC placement and removal for deep vein thrombosis (DVT)), diagnostics, physical therapy, medications, bracing, rehabilitation in a skilled nursing facility, occupational therapy, and walker for ambulation. Per the Progress Report dated 7-22-2015, the injured worker presented for reevaluation after a fall a month prior. He is wearing a TLSO but reported continued back pain and is still at SNF for rehab. He is "otherwise doing well" and is being advanced to weight bearing for his other ortho injuries. Objective findings included a well appearing male in no acute distress. He has intact sensation in the bilateral L2-S1 dermatomes and normoactive reflexes. The plan of care included continuation of brace for one month, ok to be out of bed with brace, continue physiotherapy and follow up care. Authorization was requested for 9 days hospital stay (DOS 8-14-2015-8-23-2015), and 22 days inpatient hospital stay (DOS 8-24-2015-9-14-2015). On 8-24-2015, Utilization Review non-certified the request for 9 days hospital stay (DOS 8-14-2015-8-23-2015), and 22 days inpatient hospital stay (DOS 8-24-2015-9-14-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hospital length of stay for nine days DOS: 8/14/2015-8/23/2015: 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) 860 traumatic pneumothorax and hemothorax.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Skilled nursing facility (SNF) care Knee & Leg (Acute & Chronic) Chapter under Skilled nursing facility (SNF) care and Other Medical Treatment Guidelines [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_part1.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part1.pdf) Medicare National Coverage Determinations Manual, 10.3 - Inpatient Hospital Pain Rehabilitation Programs (Rev. 1, 10-03-03).

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient has a date of injury of 05/20/15 and presents with continued back pain. The patient fell 30 feet and is status post left thoracotomy with evacuation of hemothorax, open reduction and internal fixation of right malleolar fracture on 05/20/15, and IVC filter placement on 06/01/15. The request is for RETROSPECTIVE HOSPITAL LENGTH OF STAY FOR NINE DAYS DOS: 8/14/15-8/23/15. Patient's diagnosis per RFA's dated 06/29/15, 08/14/15 and 09/14/15 include hemothorax, urinary retention, multiple rib fx, tibia fx, L2-L3 fx, and sternum fx. Treatment to date has included surgical intervention, rehabilitation in a skilled nursing facility, diagnostics, physical therapy, occupational therapy, bracing, walker for ambulation, and medications. Patient's medications per 06/08/15 progress report include Tylenol, Gabapentin, Hydrocortisone Cream, Magnesium Oxide, Methocarbamol, Multivitamin, Oxycodone, Miralax, Senna, Flomax, and Warfarin. Patient's work status was not specified. ODG-TWC, Pain (Chronic) Chapter under Skilled nursing facility (SNF) care states: "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis." ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Skilled nursing facility (SNF) care states: The Criteria for skilled nursing facility care are (1) The patient was hospitalized for at least three days for major or multiple trauma; (2) A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations; (3) The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting); (4) The patient requires skilled nursing on a daily basis or at least 5 days per week, (5) Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options). [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_part1.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part1.pdf) Medicare National Coverage Determinations Manual, 10.3 - Inpatient Hospital Pain Rehabilitation Programs (Rev. 1, 10-03-03) states: "An inpatient program of 4 weeks" duration is generally required to modify pain behavior. After this period, it would be expected that any additional rehabilitation services which might be required could be effectively provided on an outpatient basis under an outpatient pain rehabilitation program (see

10.4) or other outpatient program. On occasions, a program longer than four weeks may be required in a particular case. In such a case, there should be documentation to substantiate that inpatient care beyond a 4-week period was reasonable and necessary. Similarly, where it appears that a patient participating in a program is being granted frequent outside passes, a question would exist as to whether an inpatient program is reasonable and necessary for the treatment of the patient's condition. UR letter dated 08/24/15 states "the patient has been diagnosed with traumatic pneumothorax and multiple fractures. However, there is insufficient documentation indicating inpatient hospital stay or physical exam findings/red flags that would require continued inpatient care." Per Hospital Discharge Summary dated 06/08/15, the patient has a diagnosis of left hemopneumothorax, stable status post thoracotomy; right ankle fracture, stable status post open reduction and internal fixation; left tibial plateau fracture, nonoperative; L2-L3 vertebral body fractures, nonoperative; bilateral rib fractures, 3-5; epidural hematoma extending from L1-L2 to L3-L4 with severe spinal canal stenosis at mid L2 level, interspinous ligament injury, L3-L5; pulmonary embolism, sub segmental right middle and lower lobes; urinary retention requiring foley replacement x3; and bacterial pneumonia, resolving. On 06/08/15, treater states "the patient will be discharged from the hospital to a skilled nursing facility for continued physical therapy and reconditioning." Per 07/22/15 report, the patient is still at SNF (Skilled Nursing Facility) for rehab. Based on RFA dated 08/14/15, this is a retrospective request for "Continued stay at [REDACTED] 8.14.2015 through 9.14.2015," as opposed to a postoperative "hospital length of stay." Progress note dated 08/17/15 under Criteria For Continued Stay states "Therapy exercise including motor control/balance response facilitation, strengthening, transferring and functional mobility training." Provided medical records indicate that the patient has been doing occupational training, including gait training and weight bearing. According to the Medicare National Coverage Determinations Manual, "On occasions, a program longer than four weeks may be required in a particular case. In such a case, there should be documentation to substantiate that inpatient care beyond a 4-week period was reasonable and necessary." ODG supports Skilled nursing facility (SNF) care "after hospitalization when the patient requires skilled nursing or skilled rehabilitation services." However, per progress report dated 07/22/15, though the patient still continues with back pain and wears an LSO brace, is "otherwise doing well" and is being advanced to weight bearing for his other ortho injuries. In this case, the patient has already had over 4 weeks of care at a skilled nursing facility; and there is no medical rationale provided no discussion of significant functional limitations to warrant continued stay. Given lack of documentation, this request IS/WAS NOT medically necessary.

**Retrospective Inpatient hospital length of stay for twenty two days DOS: 8/24/2015-9/14/2015: 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) 860 traumatic pneumothorax and hemothorax.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Skilled nursing facility (SNF) care Knee & Leg (Acute & Chronic) Chapter under Skilled nursing facility (SNF) care and Other Medical Treatment Guidelines

[www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_part1.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part1.pdf)  
Medicare National Coverage Determinations Manual, 10.3 - Inpatient Hospital Pain  
Rehabilitation Programs (Rev. 1, 10-03-03).

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient has a date of injury of 05/20/15 and presents with continued back pain. The patient fell 30 feet and is status post left thoracotomy with evacuation of hemothorax, open reduction and internal fixation of right malleolar fracture on 05/20/15, and IVC filter placement on 06/01/15. The request is for RETROSPECTIVE INPATIENT HOSPITAL LENGTH OF STAY FOR TWENTY TWO DAYS DOS: 8/24/15-9/14/15. Patient's diagnosis per RFA's dated 06/29/15, 08/14/15 and 09/14/15 include hemothorax, urinary retention, multiple rib fx, tibia fx, L2-L3 fx, and sternum fx. Treatment to date has included surgical intervention, rehabilitation in a skilled nursing facility, diagnostics, physical therapy, occupational therapy, bracing, walker for ambulation, and medications. Patient's medications per 06/08/15 progress report include Tylenol, Gabapentin, Hydrocortisone Cream, Magnesium Oxide, Methocarbamol, Multivitamin, Oxycodone, Miralax, Senna, Flomax, and Warfarin. Patient's work status was not specified. ODG-TWC, Pain (Chronic) Chapter under Skilled nursing facility (SNF) care states: "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis." ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Skilled nursing facility (SNF) care states: The Criteria for skilled nursing facility care are (1) The patient was hospitalized for at least three days for major or multiple trauma; (2) A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations; (3) The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting); (4) The patient requires skilled nursing on a daily basis or at least 5 days per week, (5) Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options). [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_part1.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_part1.pdf) Medicare National Coverage Determinations Manual, 10.3 - Inpatient Hospital Pain Rehabilitation Programs (Rev. 1, 10-03-03) states: "An inpatient program of 4 weeks" duration is generally required to modify pain behavior. After this period, it would be expected that any additional rehabilitation services which might be required could be effectively provided on an outpatient basis under an outpatient pain rehabilitation program (see 10.4) or other outpatient program. On occasions, a program longer than four weeks may be required in a particular case. In such a case, there should be documentation to substantiate that inpatient care beyond a 4-week period was reasonable and necessary. Similarly, where it appears that a patient participating in a program is being granted frequent outside passes, a question would exist as to whether an inpatient program is reasonable and necessary for the treatment of the patient's condition. UR letter dated 08/24/15 states "the patient has been diagnosed with traumatic pneumothorax and multiple fractures. However, there is insufficient documentation indicating inpatient hospital stay or physical exam findings/red flags that would require continued inpatient care." Per Hospital Discharge Summary dated 06/08/15, the patient has a diagnosis of left hemopneumothorax, stable status post thoracotomy; right ankle fracture, stable status post open reduction and internal fixation; left tibial plateau fracture, nonoperative; L2-L3

vertebral body fractures, nonoperative; bilateral rib fractures, 3-5; epidural hematoma extending from L1-L2 to L3-L4 with severe spinal canal stenosis at mid L2 level, interspinous ligament injury, L3-L5; pulmonary embolism, sub segmental right middle and lower lobes; urinary retention requiring foley replacement x3; and bacterial pneumonia, resolving. On 06/08/15, treater states "the patient will be discharged from the hospital to a skilled nursing facility for continued physical therapy and reconditioning." Per 07/22/15 report, the patient is still at SNF (Skilled Nursing Facility) for rehab. Based on RFA dated 08/14/15, this is a retrospective request for "Continued stay at [REDACTED] 8.14.2015 through 9.14.2015," as opposed to a postoperative "hospital length of stay." Progress note dated 08/17/15 under Criteria For Continued Stay states "Therapy exercise including motor control/balance response facilitation, strengthening, transferring and functional mobility training." Provided medical records indicate that the patient has been doing occupational training, including gait training and weight bearing. According to the Medicare National Coverage Determinations Manual, "On occasions, a program longer than four weeks may be required in a particular case. In such a case, there should be documentation to substantiate that inpatient care beyond a 4-week period was reasonable and necessary." ODG supports Skilled nursing facility (SNF) care "after hospitalization when the patient requires skilled nursing or skilled rehabilitation services." However, per progress report dated 07/22/15, though the patient still continues with back pain and wears an LSO brace, is "otherwise doing well" and is being advanced to weight bearing for his other ortho injuries. In this case, the patient has already had over 4 weeks of care at a skilled nursing facility; and there is no medical rationale provided no discussion of significant functional limitations to warrant continued stay. Given lack of documentation, this request IS/WAS NOT medically necessary.