

<b>Case Number:</b>	CM15-0193050		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 66 year old female injured worker suffered an industrial injury on 8-27-2013. The diagnoses included 8-24-2015 multilevel lumbar spinal fusion. The weekly progress report 9-9-2015 the therapist reported the injured worker required verbal cues for proper body mechanics to sit on the edge of the bed with use of rails and head of bed raised. She was able to walk to the bathroom. She was able to wipe the peri area after using the toilet but required assistance with wiping after BM. She needed contact guard for bed mobility, bed to wheelchair and for level surface walking. She required standby assist for functional transfers to various household surfaces. Request for Authorization date was 9-11-2015. The Utilization Review on 9-11-2015 determined modification for Additional Skilled/Rehab Days Qty 14 to 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Skilled/Rehab Days Qty 14:** 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), Knee: 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) Low back, Skilled nursing facility, Knee & Leg (Acute & Chronic), Skilled nursing facility LOS (SNF) and inpatient rehabilitation facility (IRF).

**Decision rationale:** The MTUS does not discuss Skilled Nursing facility stay after spinal fusion. ODG states "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis." It further states in the Knee section, "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, 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, immediately following 3-4 days acute hospital stay for arthroplasty. (Dejong, 2009) (DeJong, 2009) See also Hospital length of stay (LOS). For patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. (Dejong, 2009) Except this study found an extensive day rehab program to be as good. (Kathrins, 2013) See also Home health services and Skilled nursing facility (SNF) care Criteria in blue." Patient had a spinal fusion. Guidelines support the use of inpatient rehabilitation facilities (IRFs) post knee replacement and post hospitalization for low back. The request is within the 14 day time frame. The UR modified the request to allow for 7 days which is appropriate. As such, the request for Additional Skilled/Rehab Days Qty 14 is not medically necessary.