MAXIMUS Federal Services

Case Number:	CM15-0208903		
Date Assigned:	10/27/2015	Date of Injury:	05/15/1998
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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, Georgia
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 61 year female old who sustained an industrial injury on 5-15-98. A review of the medical records indicates that the worker is undergoing treatment for lumbar stenosis and scoliosis, status post removal of hardware L1-2 laminectomy and T5 through L5 posterior spinal fusion and history of previous lumbar surgery. It is noted (9-30-15) the worker was admitted (9-21-15) for surgery and had intraoperative and postoperative complications such as a dural tear, intraoperative emesis with aspiration, respiratory failure requiring rapid response and admission to the intensive care unit. The worker is also being monitored for elevated tropin secondary to demand ischemia, anemia, acute kidney injury. Subjective complaints (9-30-15) include lower extremities feel weaker overall, no new numbness, and a history of chronic urinary incontinence since 2006. Objective findings (9-30-15) include current functional levels as: minimum assist for bed mobility, transfers and minimal assist x2 for short distance mobility, and max assist overall with activities of daily living. Decreased breath sounds at the bases are noted. Surgical site pain is reported as well controlled, occasional radicular pain is noted with reported worsening weakness postoperatively. Sensation to light touch is reported as intact, Hoffman's was negative, 4-4+ out of 5 extensor hallucis longus, and she was not able to demonstrate antigravity strength proximally. Inpatient reports per Physical therapy (9-29-15) , Occupational therapy (9-28-15) , and Speech therapy-(aspiration precautions) (9-29-15) all recommend discharge to acute rehab. A request for authorization is dated 10-1-15. On 10-7-15, the requested treatment of acute rehab admission; (would entail 3 hours of therapy per day 5 days

per week) was modified to certify acute rehab admission to include 3 hours of therapy per day 5 days per week for a period of 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute rehab admission; Would entail 3 hours of therapy/day 5 days/week: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Edition, Low Back Chapter (updated 09/22/15).

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 Care.

Decision rationale: CA MTUS does not directly address skilled nursing or acute rehabilitation services. ODG states that it is appropriate after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. In this case, the needs for skilled nursing services is well documented. The functional capacity to participate in acute rehabilitation services is also well documented. Acute rehab admission is medically necessary.