MAXIMUS Federal Services

Case Number:	CM15-0209690		
Date Assigned:	10/28/2015	Date of Injury:	04/22/1994
Decision Date:	12/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/26/2015

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: Minnesota, Florida
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 is a 76 year old female who sustained a work-related injury on 4-22-94. Documentation revealed she had decompression and fusion of L4-5 and L5-S1 on 5-7-15. She was discharged to skilled nursing for rehabilitation. On 6-3-15 the injured worker continued rehabilitation and had not reached a level of independence that allowed for her to be safely at home. She reported neuropathic symptoms in the legs and noted aching pain of the low back and bilateral knee pain. She had daily physical therapy and she was unable to ambulate on her own without supervision. She used a walker for assistance. She received wound care and the evaluating physician noted "a couple areas of concern with respect to the healing." On 6-16-15 she continued her rehab and was using a stationary bike for 15 minutes, walking better and short distances without a walker. She reported a lot of low back pain and noted a burning sensation in the knees. She was making slow progress. A request for retrospective skilled nursing and rehabilitation for twelve additional days post-operative lumbar decompression L4-5 and L5-S1 was received on 9-11-15. On 9-24-15, the Utilization Review physician determined retrospective skilled nursing and rehabilitation for twelve additional days post-operative lumbar decompression L4-5 and L5-S1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Skilled Nursing and Rehabilitation x 12 additional days post-op lumbar decompression L4-5 and L5-S1: 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), Knee & Leg (Acute & Chronic) - Skilled nursing facility (SNF) careOfficial Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Skilled nursing facility (SNF) care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Skilled Nursing facility care.

Decision rationale: The injured worker is a 76-year-old female status post spinal fusion L4-5 and L5-S1. A 7 day postoperative stay in a skilled nursing facility was certified by utilization review. A request for additional 12 days stay was noncertified for lack of documentation from the medical provider indicating the medical necessity of the request. However, since that time additional information has been provided. The date of surgery was 5/7/2015. The documentation from 6/3/2015 indicates persisting neuropathic symptoms in the legs, aching pain in the lower back and bilateral knee pain with inability to ambulate independently. She also had delayed healing of her operative incision and required wound care. Her progress was slow. On 6/16/2015 she was using a stationary bike for 15 minutes, walking better and able to walk without a walker for short distances. The request as stated is for 12 additional days of postoperative skilled nursing and rehabilitation after the initial 7 days. ODG guidelines recommend a skilled nursing facility if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The criteria included certification by the physician that the patient needs skilled nursing facility care for significant postoperative functional limitations or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care. The criteria also include a significant new functional limitations such as inability to ambulate more than 50 feet or perform activities of daily living and the patient requires skilled nursing or skilled rehabilitation services or both on a daily basis and cannot manage at home. Based upon the documentation provided, the additional 12 days stay was appropriate and medically necessary.