

Case Number:	CM15-0041914		
Date Assigned:	03/12/2015	Date of Injury:	04/01/2008
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62-year-old male, who sustained an industrial injury on 04/01/2008. Initial complaints reported included pain/injury to the left leg, and right hip/leg. The injured worker was diagnosed as having laceration to the left leg and right groin pull. Treatment to date has included electrodiagnostic testing (10/07/2014), radiographic imaging, MRI of the right hip, conservative care, medication management, physical/occupational therapy, right hip surgery (2012), and work hardening. Currently, the injured worker complains of new/recurrent right hip pain with limp. Current diagnoses include DDH with severe degenerative joint disease. The current treatment plan includes a right DAA uncemented THR, post-op rehab, and post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORF (comprehensive outpatient rehabilitation facility) skilled nursing service: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on Non-MTUS Citation Skilled nursing facility (SNF) care <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Skilled nursing facility (SNF)

“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. (CMS, 2007) (Park, 2013) Subjects discharged from day rehabilitation for the rehabilitation for total knee arthroplasty had similar or improved outcomes compared with subjects discharged from SNF at a lower cost and shorter stay. (Kathrins, 2013) See also Skilled nursing facility LOS (length of stay). Criteria for skilled nursing facility care (SNF): The patient was hospitalized for at least three days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip or knee replacement) and was admitted to the SNF within 30 days of hospital discharge. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit). 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). The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. 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). The skilled nursing facility is a Medicare certified facility.” There is no documentation that the patient cannot perform his rehabilitation at a lower level of care. There is no documentation that the patient have a new functional limitations requiring SNF. There is no clear documentation that the patient needs a complex rehabilitation services that require a SNF. Therefore, the request is not medically necessary.