MAXIMUS Federal Services

Case Number:	CM15-0065009		
Date Assigned:	04/10/2015	Date of Injury:	11/16/2012
Decision Date:	04/13/2015	UR Denial Date:	04/03/2015
Priority:	Expedited	Application Received:	04/06/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 71 year old female with a date of injury of 11/16/12 due to a fall. She fell and sustained a left femoral neck fracture treated with closed reduction and percutaneous pinning, with a subsequent fall and a subtrochanteric fracture treated with intramedullary nailing. The injured worker subsequently developed femoral head necrosis and osteoarthritis and surgery for conversion to a total hip replacement was performed. The injured worker also had a history of diabetic foot ulcers with amputation of the right 4th toe, and multilevel cervical disc disease. A progress note from the primary treating physician in October 2014 noted that the injured worker continues to have multiple falls, weakness, and decreased function, and that the physician recommended that the injured worker should consider being in an assisted living facility, although the injured worker was reluctant to do this. On 3/26/15, the primary treating physician documented that the injured worker was at a skilled nursing facility and receiving physical therapy. The physician noted that the injured worker is a high fall risk with multiple falls, a contralateral hip fracture, facial trauma, and dental fractures. The physician noted the recommendation that the injured worker be placed in a nursing home for the long term and that she will need to be placed on permanent disability. She had made very little progress with physical therapy. The physician documented minimal change in mobility and strength and requirement of assistance with basic hygiene, mobilization, and ambulation. On 4/3/15, Utilization Review non-certified a request for additional 3 month stay at skilled nursing facility, citing the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 3-month Stay at a Skilled Nursing Facility (SNF): 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), Hip and Pelvis Chapter, Low Back Chapter, Knee & Leg Chapter, Skilled Nursing Facility (SNF) Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, hip/pelvis chapter: skilled nursing facility.

Decision rationale: The ODG states that skilled nursing facility (SNF) care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. Criteria for SNF care include: that the patient was hospitalized for at least three days for major or multiple trauma or major surgery 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, the patient has a significant new functional limitation such as the inability to ambulate more than 50 feet or perform activities of daily living, the patient requires skilled nursing or skilled rehabilitation services or both on daily basis or at least 5 days per week, treatment is precluded at lower levels of care, and the SNF is a Medicare certified facility. In this case, the injured worker was currently at a SNF. The date of admission to the SNF relative to the hospitalizations for surgery were not provided in the documentation submitted, which would be necessary to determine if the injured worker was admitted to the SNF within 30 days of hospital discharge. The physician documented that the injured worker had made little progress with physical therapy. The documentation indicates that the reason for continued SNF stay was due to fall risk and assistance with mobility, ambulation, and hygiene, which are not skilled needs. Need for skilled services such as skilled nursing or skilled rehabilitation was not documented. There was no documentation that treatment at a lower level of care, such as assisted living, was precluded. For these reasons, the request for an additional 3 month stay at the skilled nursing facility is not medically necessary.