

Case Number:	CM14-0124376		
Date Assigned:	08/08/2014	Date of Injury:	09/16/2002
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old male with a reported date of injury on 09/16/2002. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include a closed injury or dislocation of the humerus and tear of the medial cartilage or meniscus of the knee. His prior treatments were noted to include surgery and acute rehab facility. Progress note dated 07/03/2014 revealed the injured worker was depressed and had pain rated 6/10 to 8/10. The injured worker was in rehabilitation post shoulder repair surgery to the right side. The injured worker was discouraged, frustrated, overwhelmed, tearful, and unable to move his right hand, arm, and shoulder for 4 weeks post surgery. The injured worker was unable to get up and down from the bed and unable to toilet without assistance 24 hours a day. The documentation provided indicated the injured worker had approval to transfer to a skilled nursing facility for 10 days. The request for authorization form was not submitted within the medical records. The request was for transfer to [REDACTED] with assistance of daily living and with cooking and bathing x3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer to [REDACTED] with assistance of daily living and with cooking and bathing, x3 weeks: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Skilled Nursing Facility.

Decision rationale: The request for transfer to [REDACTED] with assistance of daily living and with cooking and bath x3 weeks is not medically necessary. The injured worker was authorized for 10 days to a skilled nursing facility. The Official Disability Guidelines recommend skilled nursing facility care if necessary after hospitalization when the patient required skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A skilled nursing facility or SNF, has registered nurses who provided 24-hour care to people who can no longer care for themselves due to physical, emotion, or mental conditions. This may include an RN doing wound care and changing dressings after a major surgery, or administering and monitoring IV antibiotics for a severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for the 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. Subjects discharged from day rehabilitation for the rehabilitation of total knee arthroscopy had similar or improved outcomes as compared with subjects discharged from a SNF at a lower cost and shorter stay. The guideline's criteria for skilled nursing care is the patient was hospitalized for at least 3 days for major or multiple trauma, or major surgery and was admitted to the SNF within 30 days of hospital discharge. The physician certifies that the patient needs SNF care for treatment of major or multiple trauma, postoperative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care. The patient has significant new functional limitations 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 for at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require 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 such as no caregivers at home or the patient cannot manage at home or the home environment is unsafe. The skilled nursing facility must be a Medicare-certified facility. The guidelines recommend up to 10 to 18 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility, 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 to 4 days acute hospital stay for arthroplasty. There is a lack of documentation regarding objective functional improvements with the skilled nursing facility stay and the length of time the injured worker was at the healthcare center. Therefore, due to the lack of documentation regarding improved functional status and current measurable functional deficits, the request for 3 weeks at a skilled nursing facility is not appropriate at this time. Therefore, the request is not medically necessary.

