

Case Number:	CM14-0125690		
Date Assigned:	09/24/2014	Date of Injury:	10/14/2005
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This 47 year-old male truck driver sustained an injury on 10/14/05 while employed by [REDACTED]. The patient was asleep in the 18-wheeler truck when a student driver rear-ended the vehicle. Request(s) under consideration include Post-OP Skilled Nursing Facility x18 days. The patient is s/p lumbar surgery for decompression of L5 nerve root on 8/7/13 with scheduled lumbar fusion on 8/20/14. Report of 7/10/14 from a provider noted the patient had not returned to any modified work with complaints of headaches, neck and lower back pain, depression and anxiety. Exam showed end terminal cervical range pain with spasm and paraspinous tenderness; intact motor strength of bilateral upper extremities; slight giveaway weakness of major lower extremity muscles; patchy diffuse decreased sensation in all extremities. Report of 7/14/14 from provider noted certification of lumbar spinal fusion and decompression. It was noted the patient was homeless and require convalescent home and management for approximately 6 weeks after surgery. The request for 6 weeks of SNF was modified during peer review for 18 days post-op with provider agreeing to modification. The request(s) for Post-OP Skilled Nursing Facility x18 days was non-certified on 7/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-OP Skilled Nursing Facility x18 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee Chapter Skilled Nursing Facility 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 & Leg, Summary of Medical Evidence, Skilled Nursing Facility, pages 347-348

Decision rationale: This 47 year-old male truck driver sustained an injury on 10/14/05 while employed by [REDACTED]. The patient was asleep in the 18-wheeler truck when a student driver rear-ended the vehicle. Request(s) under consideration include Post-OP Skilled Nursing Facility x18 days. The patient is s/p lumbar surgery for decompression of L5 nerve root on 8/7/13 with scheduled lumbar fusion on 8/20/14. Report of 7/10/14 from a provider noted the patient had not returned to any modified work with complaints of headaches, neck and lower back pain, depression and anxiety. Exam showed end terminal cervical range pain with spasm and paraspinous tenderness; intact motor strength of bilateral upper extremities; slight giveaway weakness of major lower extremity muscles; patchy diffuse decreased sensation in all extremities. Report of 7/14/14 from provider noted certification of lumbar spinal fusion and decompression. It was noted the patient was homeless and require convalescent home and management for approximately 6 weeks after surgery. The request for 6 weeks of SNF was modified during peer review for 18 days post-op with provider agreeing to modification. The request(s) for Post-OP Skilled Nursing Facility x18 days was non-certified on 7/28/14. Although the MTUS/ ACOEM Guidelines do not address this request; ODG for skilled nursing criteria include hospitalization for at least 3 days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip replacement); significant new functional limitation such as the inability to ambulate more than 50 feet, or perform ADLs (such as self-care, eating, or toileting); Associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilator support, spinal cord injury, significant head injury with cognitive deficit); Require skilled nursing and rehabilitation services on a daily basis or at least 5 days per week with at least 3 hours per day of physical therapy, occupational therapy, and/or speech therapy. Report has noted the patient underwent lumbar fusion scheduled for 8/20/14 with 18 days of post-op Skilled nursing certified. It is not clear whether the patient had post-op or surgical complications, if the patient has had slow progress or what additional functional limitations are evident requiring skilled nursing sessions. It is also unclear what specific skilled nursing procedures are needed as the reports have not documented any co-morbid medical history or limitations to self-manage in activities of daily living that would require skilled nursing. The Post-OP Skilled Nursing Facility x18 days is not medically necessary and appropriate.