

Case Number:	CM14-0148846		
Date Assigned:	09/18/2014	Date of Injury:	09/02/2009
Decision Date:	10/17/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine 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 38 year old patient had a date of injury on 9/2/2009. The mechanism of injury was he fell from a ladder, which was on top of a scaffold. In a progress noted dated 8/15/2014, the patient claims his family moved away and has recently moved into an apartment. On a physical exam dated 8/15/2014, the patient is noted to have positive impingement signs in the right shoulder with positive supraspinatus motor testing. There is tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions, with spasm noted in lower cervical paraspinal regions bilaterally. The diagnostic impression shows post-concussion syndrome with cognitive deficits and frequent tinnitus, chronic cervicgia, chronic back pain, pain related insomnia. The treatment to date includes medication therapy and behavioral modification. A UR decision dated denied the request for unknown additional skilled nursing at 3hrs/day for 3 months. There was no rationale provided for the denial in the reports viewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Additional Skilled Nursing at 3 Hours per day for 3 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter skilled nursing facility care

Decision rationale: The CA MTUS does not address this issue. ODG criteria for skilled nursing facility care includes patient hospitalized at least 3 days and admitted to the SNF within 30 days of hospital discharge. Also, the patient must require skilled nursing or skilled rehabilitation services, or both, on a daily basis. It was noted in the 8/15/2014 progress report that the request for skilled nursing for 3 hrs a day for 3 months began in 6/2014. However, there was no clear documentation regarding whether or not the patient was hospitalized at least 3 days and admitted to the SNF within 30 days of hospital discharge. Furthermore, in the 8/15/2014 progress report, the physician recommended home health 4 hrs a day, 3 days a week for 12 weeks. There was no clear rationale provided regarding why this patient would require additional unknown additional skilled nursing at 3 hrs/day for 3 months. Therefore, the request for unknown additional skilled nursing at 3hrs/day for 3 months was not medically necessary.