

Case Number:	CM14-0150391		
Date Assigned:	09/18/2014	Date of Injury:	03/25/2009
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Texas. 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:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 3-25-09 to the left shoulder and left hip. The claimant was admitted to an inpatient facility on 8-6-14 due to suicidal ideation. The claimant has a past history of a left shoulder replacement. He had an aspiration on 4-14-14 which as positive for pronionibacterium acnes which was treated with oral antibiotics. The infection remained through 7-8-14 where he underwent surgery to remove all components of the left prosthetic shoulder. Postop, the claimant was still positive for infection and recommended treatment with IV antibiotics is recommended. The claimant has a PICC line in place. The claimant has had prior home health nursing services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Skilled Nursing Facility for 30 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- Criteria for skilled nursing facility care (SNF)

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

Decision rationale: ODG notes that skilled nursing facility is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. This claimant requires IV antibiotic treatment which does not require Inpatient Skilled Nursing Facility for 30 days. Therefore, the Inpatient Skilled Nursing Facility for 30 days is not medically necessary and appropriate.