

Case Number:	CM14-0176954		
Date Assigned:	10/30/2014	Date of Injury:	06/19/2001
Decision Date:	12/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/26/2014

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 Orthopaedic Surgery 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 56-year-old female street sweeper operator sustained an industrial injury on 6/19/01. The mechanism of injury was not documented. Past medical history was not documented. Past surgical history was positive for right shoulder arthroscopic rotator cuff repair approximately 10 years ago. The 7/15/14 right shoulder MRI impression documented a full thickness anterior distal supraspinatus tendon tear with associated fluid in the subacromial/subdeltoid region. There was a type 4 superior labral tear from anterior to posterior (SLAP) lesion, mild glenohumeral joint osteoarthritis, and subscapularis tendinosis. There were moderate hypertrophic degenerative changes of the right acromioclavicular joint with inferior spurring impinging of the rotator cuff tendon. The 9/9/14 initial orthopedic report cited increasing right anterior shoulder pain with weakness. Physical exam documented pain to palpation over the anterior shoulder, pain with abduction and internal rotation, and weakness with external rotation and forward flexion. There was no evidence of supraspinatus or external rotator atrophy. The patient had injections, anti-inflammatories, and physical therapy and had not improved. The treatment plan recommended a diagnostic arthroscopy of the right shoulder, exploration and repair of the rotator cuff tear, debridement of the labrum, and possible debridement and tenolysis of the biceps tendon. A request was submitted for the surgery, transportation, and a stay in a rehab facility following right shoulder surgery. The claimant's daughter was attending medical school and she would have to drive or take care of her after surgery. The 9/25/14 utilization review denied the request for a rehab facility stay as it was not standard practice to admit a patient to a rehabilitation facility after a shoulder rotator cuff/labrum procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehab facility stay post a 10/3/14 right shoulder surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay (LOS) 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, Rehab, inpatient, Skilled nursing facility (SNF) care

Decision rationale: The California MTUS does not provide admission or length of stay recommendations for inpatient rehabilitation. The Official Disability Guidelines generally recommend inpatient rehabilitation if necessary after hospitalization when the patient requires skilled rehabilitation and/or skilled nursing services on a 24-hour basis. Guidelines provide specific indications for inpatient rehabilitative care that include: hospitalization for 3 days for major trauma or surgery (i.e. spinal surgery, total hip or knee replacement); a physician certifies the patient needs skilled care for post-operative significant functional limitations or associated significant medical co-morbidities; and treatment is precluded in a lower level (i.e. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe, and there are no outpatient management options). Guideline criteria have not been met. The requested surgical procedure is supported by guidelines as an outpatient procedure. There is no medical rationale presented to support the medical necessity of post-op inpatient rehabilitation for this patient prior to surgery. There is no documentation that the patient has significant medical co-morbidities. There is no current indication of significant functional impairment or attempts to overcome barriers to discharge to home. Additionally, a specific length of stay is not defined. Therefore, this request is not medically necessary.