

Case Number:	CM14-0206470		
Date Assigned:	12/18/2014	Date of Injury:	01/15/2013
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 Orthopedic 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:

The patient is a 59-year-old male with a date of injury of 15 January 2013. The patient injured his right shoulder left ankle and right ankle. The patient has had surgery on his ankle with complications including infection. The patient has had physical therapy. The patient is on IV antibiotics. He is currently being discharged to home and at issue is whether skilled nursing facility inpatient stay is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility inpatient stay (days) qty:7.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG, knee chapter, skilled nursing recommendations.

Decision rationale: The medical records do not indicate that this patient is a candidate for skilled nursing facility at this time. Specifically the treating physiatrist so that the patient is currently an inpatient rehabilitation unit patient. The medical records indicate that he is not considered to be ready for skilled nursing facility for a least a week. The reason he is not ready

for skilled nursing facility documented lack of progress immobility transfers and safety. The medical records indicate that the patient requires on going inpatient rehabilitation at this time. Guidelines is not met for additional skilled nursing facility transferal this time. The request is not medically necessary.