

Case Number:	CM15-0003604		
Date Assigned:	01/22/2015	Date of Injury:	03/26/2012
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a female patient, who sustained an industrial injury on 03/26/2012. A pain management visit dated 10/27/2014 reported a complaint of neck pain bilaterally, mid-back, left shoulder, right shoulder and bilateral hand pain. The pain has been persistent for 3 years and interferes with sleep, activities and working. Treatments have included hospital bed rest with moderate relief, surgery with moderate relief, chiropractic and acupuncture with no relief, nerve blocks injections with no relief, physical therapy with moderate relief, a transcutaneous nerve stimulator with no relief and exercise with no relief. Current prescribed medications to include; Cyclobenzaprine, Fluoxetine, Methadone and Topiramate. She is diagnosed with cervical radicular neuropathy/suprascapular neuralgia, degenerative disc disease (cervical) and spondylosis cervical without myelopathy. On 12/17/2014 Utilization Review non-certified a request for outpatient post-operative rehabilitation, noting the Official Disability Guidelines integrated treatment was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient post surgical recovery at cottage rehabilitation hospital for 5 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Length of stay

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. There is no objective reason from the exam note of 10/27/14 to justify a 5 day inpatient admission, the determination is for non-certification.