

Case Number:	CM15-0014338		
Date Assigned:	02/02/2015	Date of Injury:	09/04/2010
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 62 year old male, who sustained an industrial injury on 9/4/10. Doctors Progress Note on 12/1/14 the injured worker admits to going off and doing methamphetamines and has been involved with the police for going out of facility and getting drunk (against medical advice). History of heal decubitis ulcer, unavoidable form peripheral vascular disease (PVD) and non-complaint foot care. Doctors Progress Note on 12/15/14 noted that the injured worker had no complaints of pain at that time. Toe is black no pulse bilateral, status post toe amputation, hypospadias stage 11 heal. The insured is reported to be paraplegic and has left the facility to obtain etoh. According to the utilization review performed on 1/14/15, the requested Three month continued stay from 12/17/14 to 3/16/15 has been non-certified. The utilization review notes that the injured worker is somewhat independent, being able to leave the facility and there does not appear to be a contraindication to transition the injured worker to a more independent living type setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month continued stay from 12/17/14 to 3/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Skilled nursing facility (SNF) care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, low back, SNF.

Decision rationale: ODG guidelines support continued stay when condition prevents ambulation or self-care and there is ongoing medical monitoring required administering treatment that cannot be self-administered. The medical records indicate condition of paraplegia with the insured leaving the facility to obtain ETOH or illicit substances. There is no documentation to reflect inability to make self-care decisions or demonstration of lack of decision-making capacity to support the insured is not able to be independent in his care. As such, the medical records do not support medical necessity for continued care.