

Case Number:	CM15-0172999		
Date Assigned:	09/15/2015	Date of Injury:	04/20/2011
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 was a 63 year old male, who sustained an industrial injury, April 20, 2011. According to progress note of June 16, 2015, the injured worker was awaiting transfer to a rehabilitation facility after lumbar spine surgery for revision, decompression and lumbar fusion of L3-S1 and hardware removal. On July 21, the care coordination sent a request for rehabilitation after discharge for inpatient rehabilitation services. On July 23, 2015, the neurologist consultation was completed in regards to urinary retention, upper neuron pathology and spastic gait. The injured worker was walking with a quad cane on July 23, 2015. on July 16, 2015 with revision decompression and fusion of the lumbar spine L3-S1 and hardware removal, history deep vein thrombus of the right lower extremity on Coumadin, chronic strain and or sprain of the cervical spine, cervical spondylosis. The injured worker was discharged July 24, 2015, after surgery with urinary retention and a foley catheter with a follow-up visit with urology. The RFA (request for authorization) dated July 21, 2015; the following treatments were requested rehabilitation services for 7 days for postoperative surgery on the lumbar spine. The UR (utilization review board) denied certification on August 6, 2015, for the medical necessity of rehabilitation services after lumbar disc surgery and hard ware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation services, 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Review - Rehabilitation after lumbar disc surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual 2014 Criteria: Orthopedic / Amputation (Acute Rehabilitation).

Decision rationale: The claimant sustained a work injury in April 2011 and underwent lumbar spine revision fusion surgery on 07/16/15. His postoperative course was complicated by urinary retention. The member previously lived alone. When seen, pain was rated at 5/10. He was weight bearing as tolerated. He required minimal assistance for upper body activities of daily living, transfers, and ambulating. He required moderate assistance for lower body dressing. He was able to ambulate 150 feet. Authorization was requested for acute level rehabilitation. In this case, although the claimant's surgery was complicated by urinary retention, he was already ambulating greater than household distances and performing essential activities of daily living with minimal assistance less than one week after surgery. He required ongoing oversight of his medical condition, which could have been provided at a subacute level. His care could have been appropriately provided through SNF level care. He did not meet either intensity of service or severity of illness criteria for acute level rehabilitation, which was not medically necessary.