

<b>Case Number:</b>	CM15-0028466		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Illinois, California, Texas  
 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 52-year-old male who sustained an industrial injury on 2/24/12. Injury occurred due to a fall from a ladder. Past medical history was positive for diabetes and hypertension. Records indicated that the patient underwent anterior cervical discectomy and fusion at C5/6 in October 2013 and was subsequently diagnosed with pseudoarthrosis. The patient underwent left C5/6 laminotomy and foraminotomy and C5/6 posterior cervical fusion with instrumentation on 1/7/15. Records indicated that the patient was transferred to skilled rehabilitation care on 1/13/15. Physical therapy evaluation documented 3-/5 to 3/5 global weakness. Daily chart notes were handwritten and generally illegible. The physician progress note indicated that the patient was discharged to home with home health on 1/22/15. Under consideration is a request for continued inpatient stay for skilled nursing and rehab from 1/20/15 to 1/26/15. According to the utilization review performed on 1/27/15, the requested continued inpatient stay, status post cervical fusion (DOS: 1/20/15-1/26/15) was non-certified, noting the length of stay data from the Official Disability Guidelines) and the lack of any specific pathology or medical malady warranting a hospitalization, as there was no data presented to support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Inpatient Stay, s/p cervical fusion (DOS: 1/20/15-1/26/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), Length of stay (Cervical Fusion, Anterior).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Skilled nursing facility (SNF) care Knee and Leg: Skilled nursing facility LOS (SNF).

**Decision rationale:** The California MTUS does not provide recommendations for inpatient rehabilitation. The Official Disability Guidelines 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 surgery; 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). Generally length of stay for skilled nursing is 10 to 18 day, and inpatient rehabilitation 6 to 12 days. Guideline criteria have not been met. This patient underwent a posterior cervical fusion on 1/7/15 and was discharged to skilled inpatient rehabilitation care on 1/13/15. Co-morbidities included poorly controlled diabetes mellitus. Physical therapy care was documented with significant global functional weakness documented. The 1/22/15 treating physician progress note indicated that the patient discharged to home with home health care. Given the reported discharge, the medical necessity of continued inpatient stay from 1/20/15 to 1/26/15 is not established. Therefore, this request is not medically necessary.