

<b>Case Number:</b>	CM15-0071145		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	11/27/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old male sustained an industrial injury to the left index finger on 11/27/14. The injured worker subsequently developed necrotic osteomyelitis of the left index finger and underwent irrigation and debridement on 12/23/14. The injured worker was receiving a course of antibiotics via peripherally inserted central venous catheter. The injured worker developed fever, shortness of breath and chest pain. The injured worker was diagnosed with multiple pulmonary emboli, a deep vein thrombosis in the right upper extremity and bilateral pleural effusions. Laboratory evaluation revealed elevated white blood cells. Chest x-ray showed possible pneumonia. The injured worker was admitted to the hospital on 3/6/15 and received antibiotics, antifungals, a heparin drip, supplemental oxygen and diuretics. Consults were obtained from infectious disease and pulmonology. The injured worker developed a gastrointestinal bleed. On 3/15, laboratory results revealed decreased hemoglobin. Stools were positive for occult blood. The treatment plan included a gastroenterology consultation, esophagogastroduodenoscopy and colonoscopy. Progress note dated 3/16/15 indicated request a consult for a skilled nursing facility for continued antibiotic therapy and oxygen requirements. The injured worker was discharged from the hospital on 3/24/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer to a skilled nursing facility (for continued abx therapy and oxygen requirements):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Policy Manual, Chapter 8 - Coverage of Extended Care (SNF) Services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Skilled Nursing Facility.

**Decision rationale:** The patient presents with post-surgical index finger fracture repair, osteomyelitis, PICC line from which he receives and IV, chest pain, and bilateral pulmonary emboli. The current request is for transfer to a skilled nursing facility (for continued abx therapy and oxygen requirements). The treating physician documents that the patient has been on the IV for 8 weeks, but should be transitioning to an oral medication and that the patient has been lying in bed. (139B) The ODG guidelines support skilled nursing facilities if the patient meets all of the following criteria: The patient was hospitalized for at least three days for major or multiple trauma, or major surgery and was admitted to the SNF within 30 days of hospital discharge. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care. The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living. The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. Treatment is precluded in lower levels of care (e.g. 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).The skilled nursing facility is a Medicare certified facility. In this case, the treating physician has documented that the patient has been hospitalized, the patient needs a nursing facility for major trauma, but did not documented if the patient is having trouble performing ADLs, the duration the patient would need the nursing facility, if the patient's home environment is unsafe or unfit, or if the facility is certified. Without such documentation, the recommendation is for denial, therefore not medically necessary.