

Case Number:	CM15-0093159		
Date Assigned:	05/19/2015	Date of Injury:	07/26/2004
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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:

The injured worker is a 53-year-old female, who sustained an industrial injury on 7/26/2004. Diagnoses include cervical pain/cervicalgia, pain shoulder joint, shoulder region DIS NEC and myofascial pain syndrome/fibromyalgia. Treatment to date has included surgical intervention (right total knee arthroplasty 8/02/2010 and left total knee arthroplasty on 10/03/2010), diagnostics, medications including Prozac, Gabapentin, Norco and Zanaflex, and injections. Per the Primary Treating Physician's Progress Report dated 3/30/2015 the injured worker reported neck pain with radiation to the right arm, with numbness to face and lips at times. She is to have neck surgery next month for decompression surgery. Physical examination of the head and neck revealed tenderness to palpation with multiple trigger points and decreased range of motion. The plan of care included medications and daily activity. Authorization was requested for acute rehabilitation including physical and occupational therapy 10-14 days, Physiatry Rehab nursing for 10-14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute rehabilitation including occupational therapy and physical therapy 10-14 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 (ODG), Low Back Chapter, Skilled Nursing Facility (SNF) care.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Acute rehabilitation including occupational therapy and physical therapy 10-14 days. The report with this request was not submitted for review. The treating physician states in the report dated 3/4/15, "Symptomatic cervical stenosis. Surgery has been approved by Utilization Review by an AME." (50B) The utilization review doctor noted that the patient underwent cervical surgery and was discharged to a 24-hour rehab facility. (7A) The MTUS guidelines state, "Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks." In this case, the reviewing physician has documented that the patient is in the post-surgical state but it is unclear if the patient has undergone occupational therapy/physical therapy at the rehabilitation facility and if so, how many sessions or if any improvement has been made was not documented. The current request is not medically necessary.

Physiatry rehab nursing for 10-14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Physiatry rehab nursing for 10-14 days. The report with this request was not submitted for review. The treating physician states in the report dated 3/4/15, "Symptomatic cervical stenosis. Surgery has been approved by Utilization Review by an AME." (50B) The utilization review doctor noted that the patient underwent cervical surgery and was discharged to a 24-hour rehab facility. (7A) The ODG guidelines state, "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis." The ODG criteria for a patient to go to a Skilled Nursing Facility after surgery is: 1. The patient was hospitalized for at least three days for major or multiple trauma, or major surgery; 2. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma; 3. The patient has a significant new functional limitation; 4. The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. 5. Treatment is precluded in lower levels of care; 6. The skilled nursing facility is a Medicare certified facility. In this case, the treating physician did not document any of the 6 criteria outlined by the ODG guidelines. The current request is not medically necessary.