

Case Number:	CM16-0229336		
Date Assigned:	12/05/2016	Date of Injury:	10/20/2016
Decision Date:	12/30/2016	UR Denial Date:	10/28/2016
Priority:	Standard	Application Received:	11/28/2016

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 78 year old male with a date of injury on 10-20-2016. A review of the medical records indicates that the injured worker is undergoing treatment for acute Lisfranc fracture, diabetes mellitus, hypertension and dyslipidemia. According to the hospitalist progress note dated 10-30-2016, the injured worker's pain was fairly well controlled. The injured worker's family did not think that he could manage at home alone with his wife, as he was not able to transfer independently. The provider noted that the injured worker was still requiring assistance and was not safe for home yet. The treatment plan was to discharge to a skilled nursing facility. The injured worker underwent ORIF of the left mid foot, including first through fifth tarsometatarsal joints on 10-20-2016. The original Utilization Review (UR) (10-28-2016) modified the requested treatment. Acute inpatient rehabilitation physical therapy and occupational therapy 7-10 days for left foot fracture was the original request. The Claims Administrator authorized a skilled nursing facility for 7 days with physical therapy and occupational therapy once a day for left foot fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute inpatient rehabilitation physical therapy and occupational therapy 7-10 days for left foot fracture was the original request. The Claims Administrator authorized Skilled nursing facility for 7 days with PT/OT once a day for left foot fracture, leaving the original

request IMR eligible. The original request, Acute inpatient rehabilitation physical therapy and occupational therapy 7-10 days for left foot fracture is: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 2016, Web Version, Criteria for skilled nursing facility.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation <http://www.slideshare.net/julenemcalister/differences-between-inpatient-rehabilitation-skilled-nursing-care>, <https://medicalinsider.holy-cross.com/acute-inpatient-rehabilitation-versus-skilled-nursing-facility-rehabilitation>.

Decision rationale: MTUS and ODG Guidelines do not address the differences between inpatient rehabilitation and a skilled nursing facility (SNF). A key difference is the medical necessity of 3 hours or more of occupational or physical therapy for musculoskeletal rehabilitation. This individual meets this criteria due to the medical necessity to develop adequate strength and muscle skills for a discharge to home. Skilled nursing facilities tend to treat more medical or internal organ problems such as cardiac, pulmonary or cognitive deficits (non-traumatic). This individual meets published criteria for acute inpatient rehabilitation due to the need for intensive musculoskeletal rehabilitation. The Acute inpatient rehabilitation physical therapy and occupational therapy 7-10 days for left foot fracture was the original request. The Claims Administrator authorized Skilled nursing facility for 7 days with PT/OT once a day for left foot fracture, leaving the original request IMR eligible. The original request, Acute inpatient rehabilitation physical therapy and occupational therapy 7-10 days for left foot fracture, is medically necessary.