

DESERT PEAKS REHABILITATION CENTER

7800 W. Sahara Avenue · Las Vegas, NV 89117 · (702) 555-4200 · Fax (702) 555-4201

NV Behavioral Health License No. BH-2847 | CMS-Certified Inpatient Rehabilitation Facility | Substance Use Disorder Treatment |
Inpatient Rehabilitation

EXPEDITED CONCURRENT CARE APPEAL

April 14, 2026

Mojave Crest Assurance Company
Appeals & Grievances Department
Fax: (702) 555-8301
Email: appeals@mojavecrest.com

RE: **Expedited Concurrent Care Appeal — Kovacs, James** | DOB: 02/03/2008 | Member ID: 44710006 | Group: MCA-4471
MCA Case No.: CR-2026-044721 | Auth. No.: PA-4471-2026-0312 | Admit Date: March 15, 2026 | Denial Effective: April 15, 2026

Dear Appeals & Grievances Coordinator:

Desert Peaks Rehabilitation Center is filing this expedited concurrent care appeal on behalf of our patient, James Kovacs, in response to the adverse determination issued by Mojave Crest Assurance Company on April 7, 2026 (Case No. CR-2026-044721). We respectfully request reconsideration on two independent grounds.

Ground 1 — Incorrect Medical Policy Version Applied

The denial letter references Medical Policy MP-019, *Inpatient Rehabilitation Services*, **Version 2.1 (Effective January 1, 2025)**, and cites a continued stay improvement threshold of 3 functional points per week under Criterion 4.2.C.

Medical Policy MP-019 was revised effective **January 1, 2026** (Version 2.2). Mr. Kovacs' Plan Year 2026 coverage under MCA-4471 began January 1, 2026, and his admission date of March 15, 2026 falls within that plan year. The applicable policy version for this admission is Version 2.2, not Version 2.1.

Under MP-019 Version 2.2, Criterion 4.2.C, the minimum continued stay improvement threshold is **2 functional points per week**. Clinical documentation demonstrates a FIM composite score of 64 at admission (March 15, 2026) and 70 at concurrent review (April 2, 2026) — an improvement of 6 points over 18 days, or approximately **2.3 functional points per week**. This rate meets the Version 2.2 threshold.

Ground 2 — Medical Complication Exception

Mr. Kovacs carries a secondary diagnosis of **Wernicke's Encephalopathy (ICD-10: E51.2)**, documented at admission and ongoing as of the concurrent review date. Wernicke's Encephalopathy is a neurological complication of thiamine deficiency arising from severe alcohol use disorder. It directly impairs motor coordination (ataxia), oculomotor function, and cognitive performance — all domains measured by the FIM.

MP-019 Version 2.2, Criterion 4.2.F provides an exception to the standard improvement rate criterion when a member is experiencing a medical complication that clinically affects the rate of functional recovery. Wernicke's Encephalopathy constitutes such a complication. This provision does not exist in Version 2.1, providing further reason that Version 2.2 is the applicable standard.

Clinical documentation supporting both grounds is enclosed. We request expedited processing given the concurrent nature of this appeal and the denial effective date of April 15, 2026.

Enclosed Documentation

- Physician Admission History & Physical — Dr. Marcus Thorne, MD (March 15, 2026)
- Physician Progress Note / Concurrent Review — Dr. Marcus Thorne, MD (April 2, 2026)
- Functional Independence Measure (FIM) Assessment — K. Reyes, OTR/L (Admission 03/15/2026 and Current 04/02/2026)
- Interdisciplinary Plan of Care (March 16, 2026)

Sincerely,

Jennifer Castillo, RN, CCM

Utilization Review Coordinator

Desert Peaks Rehabilitation Center

Direct: (702) 555-4215 | ur@desertpeaksrehab.com

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ADMISSION HISTORY & PHYSICAL

PATIENT	DOB	MEMBER ID	GROUP	ADMIT DATE	CASE / AUTH
Kovacs, James	02/03/2008	44710006	MCA-4471 / Desert Ridge	03/15/2026	CR-2026-044721/ PA-4471-2026-03 12

Date / Time:	March 15, 2026 11:20
Attending:	Marcus Thorne, MD — Addiction Medicine
Note Type:	Admission History & Physical
Primary Dx:	Alcohol Use Disorder, Severe (ICD-10: F10.20)
Secondary Dx:	Wernicke's Encephalopathy (ICD-10: E51.2)

Chief Complaint

Patient presents for inpatient rehabilitation for severe alcohol use disorder with medical complication (Wernicke's Encephalopathy).

History of Present Illness

James Kovacs is an 18-year-old male referred for inpatient rehabilitation following a 5-day acute hospitalization at Desert Valley Medical Center (March 10–15, 2026) for management of alcohol withdrawal and newly diagnosed Wernicke's Encephalopathy. Patient reports onset of heavy alcohol use at age 15, escalating to daily drinking (estimated 12–18 standard drinks per day) over the past 18 months. No prior treatment episodes.

During acute hospitalization, patient presented with the classic triad of Wernicke's Encephalopathy: acute confusion, horizontal nystagmus, and truncal ataxia. Brain MRI (March 11, 2026) demonstrated signal abnormality in the periaqueductal gray matter and medial thalami, consistent with Wernicke's Encephalopathy. IV thiamine (500 mg TID) was initiated immediately; patient completed 5 days of IV thiamine prior to transfer. Oculomotor findings have partially resolved; ataxia and cognitive impairment persist and are expected to continue improving with ongoing thiamine repletion and abstinence.

Past Medical / Psychiatric / Substance History

Medical:	Wernicke's Encephalopathy (newly diagnosed March 2026); thiamine deficiency; otherwise no significant PMH
Psychiatric:	No prior psychiatric diagnoses; depressive symptoms in context of AUD
Substance Hx:	Alcohol (primary, severe); cannabis (occasional, not current concern)
Prior Tx:	None
Family Hx:	Father: AUD (in remission). Mother: no known psychiatric history.
Allergies:	NKDA

Current Medications (on Transfer from DVMC)

Medication	Dose / Route / Frequency	Indication
Thiamine	100 mg PO TID	Wernicke's / thiamine repletion (step-down from IV)
Folic Acid	1 mg PO daily	Nutritional repletion
Multivitamin	1 tab PO daily	Nutritional support
Lorazepam	0.5 mg PO q6h PRN	CIWA protocol — alcohol withdrawal (taper)
Naltrexone	50 mg PO daily	AUD — initiated at DVMC
Ondansetron	4 mg PO q8h PRN	Nausea / withdrawal

Physical Examination

Vitals:	BP 112/72 HR 78 RR 14 Temp 98.1°F SpO ₂ 99% (RA) Wt 143 lb BMI 19.8
General:	Thin, fatigued-appearing young male; cooperative but slowed; oriented to person and place, not consistently to date
Neurological:	Truncal ataxia present — unable to perform tandem gait; horizontal nystagmus partially resolved (residual on lateral gaze); mild bilateral upper extremity dysmetria on finger-nose testing; no focal motor deficits
Cardiovascular:	Regular rate and rhythm; no murmurs
Abdomen:	Soft, mild epigastric tenderness; no hepatomegaly
Skin:	Pallor; no jaundice

Mental Status Examination

Orientation:	Person and place; inconsistent to date and day of week
Memory:	Short-term memory severely impaired — unable to recall 3/3 objects at 5 minutes; remote memory intact
Cognition:	CIWA-Ar score 8 on admission (mild); concentration impaired; abstract reasoning impaired; confabulation noted on structured interview
Mood / Affect:	Flat; mildly dysphoric
Insight / Judgment:	Limited / impaired
SI/HI:	Denies

Assessment & Plan

1. Alcohol Use Disorder, Severe (F10.20). Patient appropriate for inpatient rehabilitation level of care. Continue naltrexone. Continue CIWA-Ar monitoring with lorazepam taper per protocol. Initiate individual and group therapy per interdisciplinary plan of care. Family involvement to be coordinated with parental consent (subscriber Robert Kovacs).

2. Wernicke's Encephalopathy (E51.2). Continue thiamine 100 mg PO TID with plan to taper to 100 mg daily after 2 weeks of oral repletion. Monitor thiamine and B-vitamin levels weekly. Neurological reassessment weekly. Ataxia and cognitive impairment expected to resolve gradually; functional recovery trajectory may be slower than typical rehabilitation admission given active neurological complication. FIM assessment to be completed by OT within 24 hours of admission.

3. Nutritional deficiency. Continue multivitamin and folic acid. Dietary consultation ordered. Encourage caloric intake.

Anticipated length of stay: 28 days.

Marcus Thorne, MD | Addiction Medicine | NV License No. 43872

Desert Peaks Rehabilitation Center | March 15, 2026 | Electronically signed 12:05

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PHYSICIAN PROGRESS NOTE — CONCURRENT REVIEW

PATIENT	DOB	MEMBER ID	GROUP	ADMIT DATE	CASE / AUTH
Kovacs, James	02/03/2008	44710006	MCA-4471 / Desert Ridge	03/15/2026	CR-2026-044721/ PA-4471-2026-03 12

Date / Time: April 2, 2026 | 09:45
Attending: Marcus Thorne, MD — Addiction Medicine
Note Type: Progress Note / Concurrent Utilization Review
Day of Stay: Day 18 of anticipated 28-day admission

Interval History & Clinical Status

Mr. Kovacs has completed 18 days of inpatient rehabilitation. He has remained abstinent throughout the admission. Alcohol withdrawal was uncomplicated; lorazepam taper completed on Day 7. He is engaged in the therapeutic program and is attending individual and group sessions consistently.

Wernicke's Encephalopathy is improving but not resolved. Nystagmus has fully resolved as of Day 12. Truncal ataxia persists but has improved — patient is now able to perform supervised tandem gait for short distances. Short-term memory impairment persists; confabulation has resolved. Patient remains on thiamine 100 mg PO TID; thiamine level rechecked March 29 and remains mildly below normal range. Neurological reassessment scheduled for April 5.

Current Medications

Thiamine 100 mg PO TID; Naltrexone 50 mg PO daily; Folic acid 1 mg PO daily; Multivitamin 1 tab PO daily; Ondansetron PRN (last used Day 4). Lorazepam discontinued Day 7.

Neurological Update — Wernicke's Encephalopathy

Nystagmus: Resolved (Day 12)
Ataxia: Improving — supervised tandem gait possible; independent ambulation on level surfaces with supervision; stairs require minimal assistance
Cognition: Short-term memory impaired but improving; oriented ×3 consistently since Day 10; no confabulation since Day 8; concentration improving
Thiamine Level: March 29, 2026: 62 nmol/L (ref: 70–180 nmol/L) — mildly subtherapeutic; continue current repletion regimen

Functional Status Update

FIM composite score at current assessment (April 2, 2026): **70** (Motor: 50 / 91 · Cognitive: 20 / 35). Improvement from admission score of **64**: +6 points over 18 days. See FIM Assessment document for item-level detail.

Continued functional improvement is anticipated with resolution of Wernicke's-related neurological deficits. The pace of cognitive recovery in Wernicke's Encephalopathy is inherently variable and dependent on the degree and duration of prior thiamine deficiency. The ataxic component is limiting locomotion and transfer scores; this is expected to continue improving as cerebellar function recovers.

Medical Necessity for Continued Stay

Continued inpatient rehabilitation is medically necessary for the following reasons: (1) active neurological complication (Wernicke's Encephalopathy) requiring ongoing monitoring and thiamine repletion with weekly neurological reassessment; (2) functional deficits in locomotion, transfers, and cognitive domains insufficient for safe discharge to lower level of care; (3) patient is 18 years of age with no prior treatment history, high-severity AUD, and limited community support structure — intensive inpatient stabilization is clinically indicated to prevent imminent relapse and reduce risk of Korsakoff syndrome progression.

Discharge plan remains IOP with continued outpatient MAT and neurology follow-up. Target discharge date: April 12, 2026.

Marcus Thorne, MD | Addiction Medicine | NV License No. 43872
Desert Peaks Rehabilitation Center | April 2, 2026 | Electronically signed 10:12

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FUNCTIONAL INDEPENDENCE MEASURE (FIM) — ADMISSION & CONCURRENT REVIEW

PATIENT	DOB	MEMBER ID	GROUP	ADMIT DATE	CASE / AUTH
Kovacs, James	02/03/2008	44710006	MCA-4471 / Desert Ridge	03/15/2026	CR-2026-044721/ PA-4471-2026-03 12

Admission Assessment: **March 16, 2026** (Day 1) Current Assessment: **April 2, 2026** (Day 18) Assessor: **Kalani Reyes, OTR/L**

7 = Complete Independence 6 = Modified Independence 5 = Supervision / Setup 4 = Minimal Assist (≥75%) 3 = Moderate Assist (50–74%) 2 = Maximal Assist (25–49%) 1 = Total Assist (<25%)

Category	FIM Item	Adm 03/15	Curr 04/02	Chg
MOTOR DOMAIN		/ 91		
SELF-CARE	Eating	5	5	—
	Grooming	4	4	—
	Bathing	3	3	—
	Dressing — Upper Body	4	4	—
	Dressing — Lower Body	3	3	—
	Toileting	4	4	—
SPHINCTER CONTROL	Bladder Management	3	3	—
	Bowel Management	4	4	—
TRANSFERS	Bed / Chair / Wheelchair	4	4	—
	Toilet	4	4	—
	Tub / Shower	3	4	+1
LOCOMOTION	Walk / Wheelchair	3	4	+1
	Stairs	3	4	+1
	Subtotal	47	50	+3
COGNITIVE DOMAIN		/ 35		

COMMUNICATION	Comprehension	3	4	+1
	Expression	4	4	—
SOCIAL COGNITION	Social Interaction	4	4	—
	Problem Solving	3	4	+1
	Memory	3	4	+1
	Subtotal	17	20	+3
		64	70	+6

Clinical Note: FIM improvement from 64 to 70 over 18 days reflects early recovery from Wernicke's Encephalopathy. Gains are most pronounced in locomotion (Walk, Stairs) and cognitive domains (Comprehension, Problem Solving, Memory) consistent with partial resolution of thiamine-deficiency neurological sequelae. Bathing, lower-body dressing, and sphincter items remain at Minimal Assistance level, reflecting residual ataxia and fatigue. Reassessment scheduled Day 28.

Kalani Reyes, OTR/L | Occupational Therapist | NV OT License No. OT-11042
Desert Peaks Rehabilitation Center | April 2, 2026 | Electronically signed 11:05

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INTERDISCIPLINARY PLAN OF CARE

PATIENT	DOB	MEMBER ID	GROUP	ADMIT DATE	CASE / AUTH
Kovacs, James	02/03/2008	44710006	MCA-4471 / Desert Ridge	03/15/2026	CR-2026-044721/ PA-4471-2026-03 12

Plan Date: March 16, 2026

Attending: Marcus Thorne, MD — Addiction Medicine

Primary Diagnosis: Alcohol Use Disorder, Severe (ICD-10: F10.20)

Secondary Dx: Wernicke's Encephalopathy (ICD-10: E51.2)

Admission FIM: 64 / 126 (Motor: 47 / 91 · Cognitive: 17 / 35)

Expected LOS: 28 days (March 15 – April 12, 2026)

Treatment Goals

Short-Term (Days 1–7): Complete alcohol withdrawal safely via CIWA protocol; initiate IV/oral thiamine repletion; complete nursing neurological assessments q8h; complete biopsychosocial assessment; orient patient to program.

Short-Term (Days 8–14): Complete lorazepam taper; engage in individual and group therapy; psychiatric evaluation; monitor Wernicke's resolution — target nystagmus resolved by Day 14; begin ambulation program as ataxia improves.

Long-Term (Days 15–28): Achieve FIM score ≥ 80 ; achieve safe independent ambulation on level surfaces; develop relapse prevention plan; establish aftercare appointments; coordinate family involvement; arrange IOP with outpatient MAT follow-up.

Scheduled Interventions

Service	Frequency / Duration	Responsible Discipline
Individual Therapy	1 hr/day, 5 days/wk	Licensed Counselor (CADC-II)
Group Therapy — Process	1.5 hr/day, 7 days/wk	Licensed Counselor
Group Therapy — Psychoeducation	1 hr/day, 5 days/wk	Licensed Counselor
Occupational Therapy — ADL / Functional	1 hr/day, 5 days/wk	K. Reyes, OTR/L
Physical Therapy — Gait / Balance	1 hr/day, 5 days/wk	PT Staff
Medication Management (MAT + Thiamine)	Daily	Nursing / Dr. Thorne
Neurological Assessment	Weekly	Dr. Thorne
Psychiatric Consultation	By Day 5; PRN	Consulting Psychiatry

Nursing Assessment	Every 8 hours (CIWA-Ar q4h × 72 hrs)	RN / LPN
Family Therapy / Education	1 session/wk	Licensed Counselor / LCSW
Discharge Planning	Ongoing from Day 1	Case Manager / Social Worker

Medications

Thiamine 100 mg PO TID (taper to daily after 2 weeks); Naltrexone 50 mg PO daily; Lorazepam 0.5 mg PO q6h PRN (CIWA taper — anticipated D/C by Day 7); Folic acid 1 mg PO daily; Multivitamin 1 tab PO daily; Ondansetron 4 mg PO q8h PRN.

Discharge Plan

Anticipated discharge April 12, 2026 to intensive outpatient program (IOP), 3 days/week. Outpatient MAT with naltrexone continuation. Neurology outpatient follow-up to be scheduled within 2 weeks of discharge for Wernicke's/thiamine status. Family education session with subscriber (Robert Kovacs) prior to discharge. Peer support specialist referral; sober living evaluated if home stability is a concern.

Treatment Team Signatures:

Marcus Thorne, MD (Attending) · Jennifer Castillo, RN, CCM (UR) · Kalani Reyes, OTR/L (OT) · PT Staff · Case Manager: T. Morales, LCSW

Desert Peaks Rehabilitation Center | March 16, 2026 | Electronically signed 14:00