

MOJAVE CREST ASSURANCE COMPANY

3900 S. Maryland Parkway, Suite 400 · Las Vegas, NV 89119 · (702) 555-8200

Member Services | Utilization Management | Appeals & Grievances

UTILIZATION MANAGEMENT DETERMINATION — CONCURRENT CARE REVIEW

April 7, 2026

PATIENT NAME

Kovacs, James

MEMBER ID

44710006

SUBSCRIBER

Kovacs, Robert (Subscriber ID: 44710004)

GROUP

Desert Ridge Development Corp | Group MCA-4471

PLAN / YEAR

Vista Access PPO | Plan Year 2026 (Jan 1 – Dec 31, 2026)

CASE NUMBER

CR-2026-044721

AUTH NUMBER

PA-4471-2026-0312

ADMIT DATE

March 15, 2026

REVIEW DATE

April 2, 2026

FACILITY

Desert Peaks Rehabilitation Center

Mr. Robert Kovacs
4821 Cactus Wren Drive
Henderson, NV 89002

RE: **James Kovacs** — Denial of Continued Inpatient Rehabilitation Authorization | Case No. CR-2026-044721 / Auth. No. PA-4471-2026-0312

Dear Mr. Kovacs:

Mojave Crest Assurance Company (MCA) has completed its concurrent utilization review of the request for continued inpatient rehabilitation services for **James Kovacs** at Desert Peaks Rehabilitation Center. This review was conducted on April 2, 2026, based on clinical documentation submitted by the treating facility.

DETERMINATION: DENIAL OF CONTINUED AUTHORIZATION

Continued inpatient rehabilitation services are not authorized beyond April 15, 2026.

Diagnosis

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

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

Basis for Determination

MCA reviewed clinical documentation reflecting the patient's functional status during the current inpatient rehabilitation admission (admitted March 15, 2026). The Functional Independence Measure (FIM) composite score was **64** at admission and **70** at the time of concurrent review (April 2, 2026), representing an improvement of 6 functional points over 18 days, or approximately **2.3 functional points per week**.

Under MCA Medical Policy MP-019, *Inpatient Rehabilitation Services*, Section 4.2, Criterion 4.2.A, continued inpatient rehabilitation is covered only when the member demonstrates a minimum average FIM composite improvement rate of 3 functional points per week. The documented improvement rate of 2.3 points per week does not satisfy this criterion. Continued stay authorization is therefore not supported.

Criteria Applied: Medical Policy MP-019 — Inpatient Rehabilitation Services, Version 2.1 (Effective January 1, 2025)

Section 4.2, Criterion 4.1.B — FIM composite score ≥ 60 at admission required. [Met: admission FIM score 64]

Section 4.2, Criterion 4.2.A — Minimum average FIM composite improvement of ≥ 3 functional points per week during current admission required. [Not Met: documented rate ≈ 2.3 points per week]

Evidence of Coverage Reference: Desert Ridge PY2026 (MCA-4471), Section 2 — Inpatient Rehabilitation Benefits.

Documentation demonstrating an average FIM improvement rate meeting or exceeding the applicable threshold, or clinical records supporting an acute medical complication requiring continued intensive rehabilitation services, may be submitted in connection with a formal appeal of this determination.

Concurrent Care Notice

This denial is effective **April 15, 2026**. Services authorized and rendered prior to April 15, 2026 are not affected by this determination. If a timely expedited appeal is received before the effective date, MCA will not terminate or reduce currently authorized services until the expedited appeal determination is issued, in accordance with applicable federal and state requirements.

Your Right to Appeal

You have the right to appeal this determination. Because this is a concurrent care review, an **expedited (urgent) internal appeal** may be requested. Expedited appeal requests must be received within 72 hours of this notice to preserve the stay of the denial effective date. Standard internal appeal requests must be submitted within **180 days** of the date of this letter.

To file an appeal, contact MCA Appeals & Grievances: Phone (702) 555-0148 · Fax (702) 555-8301 (fax-to-email) · Email appeals@mojavecrest.com · Mail: MCA A&G; Dept., 3900 S. Maryland Pkwy., Suite 400, Las Vegas, NV 89119

Independent Medical Review (External Review)

Under NRS 695G.200, you have the right to request an independent medical review by the Nevada Division of Insurance after exhausting MCA's internal appeal process, or — for urgent concurrent care determinations — in lieu of completing the internal appeal process. To request an independent review, contact: Nevada Division of Insurance, Consumer Services Section, 1818 E. College Parkway, Suite 103, Carson City, NV 89706 · (775) 687-0700 · doi.nv.gov.

Mojave Crest Assurance Company
Utilization Management Department

This determination was made by a licensed clinical reviewer in accordance with MCA medical policies and the terms of the member's Evidence of Coverage.

cc: Desert Peaks Rehabilitation Center — Utilization Review / Case Management

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