

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 — Obata, Kenji** | DOB: 08/04/1985 | Member ID: 09230007 | Group: MCA-0923
MCA Case No.: CR-2026-092317 | Auth. No.: PA-0923-2026-0287 | Admit Date: April 2, 2026

Dear Appeals & Grievances Coordinator:

Desert Peaks Rehabilitation Center is filing this expedited concurrent care appeal on behalf of our patient, Kenji Obata, in response to the adverse determination issued by Mojave Crest Assurance Company on April 9, 2026 (Case No. CR-2026-092317).

Mr. Obata was admitted to Desert Peaks Rehabilitation Center on April 2, 2026 for inpatient substance use disorder rehabilitation following completion of medically supervised detoxification. Prior to admission, Desert Peaks received authorization from MCA under Authorization No. PA-0923-2026-0287. This admission proceeded in good-faith reliance on that issued authorization.

The denial issued April 9, 2026 states that no active coverage is on file for dates of service on or after April 1, 2026. Desert Peaks respectfully requests that MCA review the authorization issued prior to admission and reconsider this determination. We further request confirmation of whether continuation coverage or COBRA election options were communicated to the member upon the group plan termination.

Given the concurrent and expedited nature of this appeal, we respectfully request a determination prior to any disruption of the patient's current course of inpatient treatment.

Enclosed Documentation

- Physician Admission History & Physical — Dr. Marcus Thorne, MD (April 2, 2026)
- Functional Independence Measure (FIM) Assessment — K. Reyes, OTR/L (April 3, 2026)
- Interdisciplinary Plan of Care (April 3, 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
Obata, Kenji	08/04/1985	09230007	MCA-0923 /	04/02/2026	CR-2026-092317 /
			PVMA		PA-0923-2026-02 87

Date / Time: April 2, 2026 | 14:35
Attending: Marcus Thorne, MD — Addiction Medicine
Note Type: Admission History & Physical
Primary Dx: Opioid Use Disorder, Severe (ICD-10: F11.20)

Chief Complaint

Patient presents for inpatient substance use disorder rehabilitation following completion of medically supervised opioid detoxification.

History of Present Illness

Kenji Obata is a 40-year-old male with a longstanding history of opioid use disorder (heroin and illicit fentanyl), severe. Patient reports approximately 8 years of opioid use with progressive escalation over the past 18 to 24 months. He completed a prior inpatient rehabilitation episode at this facility in October 2024 and reports maintaining sobriety for approximately 6 months thereafter before relapse in April 2025.

Most recent use: fentanyl (smoked and intranasal), daily, through March 30, 2026. Patient completed a 3-day medically supervised detoxification at Valley View Medical Center (March 29 – March 31, 2026) and transferred directly to Desert Peaks on April 2, 2026 for structured inpatient rehabilitation. Patient reports motivation for treatment and expresses commitment to completing the program.

Past Medical / Psychiatric / Substance History

Medical: Hepatitis C (treatment-naïve); mild hypertension
Psychiatric: Major Depressive Disorder, moderate (in partial remission)
Substance Hx: OUD (primary); remote alcohol use disorder (in remission)
Prior Tx: Desert Peaks inpatient rehabilitation, October 2024 (14 days)
Allergies: Penicillin (rash)

Current Medications (on Transfer)

Medication	Dose / Route / Frequency	Indication
Buprenorphine/naloxone	8 mg SL q8h	Initiated at Valley View 03/29/2026
Lisinopril	10 mg PO daily	Hypertension
Sertraline	50 mg PO daily	MDD

Multivitamin	1 tab PO daily	Nutritional support
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Physical Examination

Vitals: BP 138/86 | HR 88 | RR 16 | Temp 98.4°F | SpO₂ 97% (RA) | Wt 168 lb | BMI 24.1

General: Thin, mildly anxious male in no acute distress; cooperative, appropriate affect

Neurological: Alert and oriented x3; no focal deficits; mild psychomotor slowing

Cardiovascular: Regular rate and rhythm; no murmurs

Abdomen: Soft, non-tender; no organomegaly

Skin: Track marks bilateral antecubital fossae (healed)

Mental Status Examination

Appearance: Casual dress, adequate hygiene

Behavior: Cooperative; mild psychomotor slowing

Mood / Affect: "Anxious" / constricted affect, reactive

Thought Process: Linear; no thought disorder

Cognition: Oriented x3; short-term memory mildly impaired; concentration impaired; CIWA-Ar not applicable (opioid withdrawal scale COWS score 4 — minimal)

Insight / Judgment: Limited / impaired

SI/HI: Denies

Assessment & Plan

- 1. Opioid Use Disorder, Severe (F11.20).** Patient appropriate for inpatient rehabilitation level of care. Continue buprenorphine/naloxone per current regimen; titrate as clinically indicated. Initiate individual and group therapy per interdisciplinary plan of care. COWS monitoring q4h for first 48 hours.
- 2. Major Depressive Disorder, moderate (F32.1).** Continue sertraline. Psychiatric consultation to be scheduled within 72 hours of admission. Monitor for mood and suicidality per standard protocol.
- 3. Hepatitis C.** GI/Hepatology referral recommended post-discharge for treatment evaluation. Patient counseled on transmission precautions.
- 4. Hypertension.** Continue lisinopril. Monitor BP per nursing protocol.

Anticipated length of stay: 21 days. Patient provided with patient rights, grievance procedure, and program expectations. Consent for treatment signed.

Marcus Thorne, MD | Addiction Medicine | NV License No. 43872
Desert Peaks Rehabilitation Center | April 2, 2026 | Electronically signed 15:18

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FUNCTIONAL INDEPENDENCE MEASURE (FIM) — ADMISSION ASSESSMENT

PATIENT	DOB	MEMBER ID	GROUP	ADMIT DATE	CASE / AUTH
Obata, Kenji	08/04/1985	09230007	MCA-0923 / PVMA	04/02/2026	CR-2026-092317 / PA-0923-2026-02 87

Assessment Date: **April 3, 2026**

Assessor: **Kalani Reyes, OTR/L**

Days Post-Admit: **1**

7 = Complete Independence	6 = Modified Independence	5 = Supervision / Setup	4 = Minimal Assistance (≥75%)	3 = Moderate Assistance (50–74%)	2 = Maximal Assistance (25–49%)	1 = Total Assistance (<25%)
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Category	FIM Item	Score
MOTOR DOMAIN		/ 91
SELF-CARE	Eating	5
	Grooming	5
	Bathing	4
	Dressing — Upper Body	5
	Dressing — Lower Body	4
	Toileting	5
SPHINCTER CONTROL	Bladder Management	4
	Bowel Management	4
TRANSFERS	Bed / Chair / Wheelchair	5
	Toilet	5
	Tub / Shower	4
LOCOMOTION	Walk / Wheelchair	5
	Stairs	4
	Motor Subtotal	59
COGNITIVE DOMAIN		/ 35
COMMUNICATION	Comprehension	4

	Expression	4
SOCIAL COGNITION	Social Interaction	3
	Problem Solving	3
	Memory	3
	Cognitive Subtotal	17
		76

Clinical Note: Patient demonstrates functional impairment across motor and cognitive domains consistent with post-acute opioid withdrawal and the acute phase of SUD rehabilitation. Cognitive deficits in problem solving and memory reflect the acute neurobiological effects of recent opioid dependence. Reassessment scheduled Day 7 and Day 14.

Kalani Reyes, OTR/L | Occupational Therapist | NV OT License No. OT-11042
Desert Peaks Rehabilitation Center | April 3, 2026 | Electronically signed 10:44

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INTERDISCIPLINARY PLAN OF CARE

PATIENT	DOB	MEMBER ID	GROUP	ADMIT DATE	CASE / AUTH
Obata, Kenji	08/04/1985	09230007	MCA-0923 / PVMA	04/02/2026	CR-2026-092317 / PA-0923-2026-02 87

Plan Date: April 3, 2026

Attending: Marcus Thorne, MD — Addiction Medicine

Primary Diagnosis: Opioid Use Disorder, Severe (ICD-10: F11.20)

Secondary Diagnoses: Major Depressive Disorder, Moderate (F32.1) | Hepatitis C (B18.2) | Hypertension (I10)

Admission FIM: 76 / 126 (Motor: 59 / 91 · Cognitive: 17 / 35)

Expected LOS: 21 days (April 2 – April 22, 2026)

Treatment Goals

Short-Term (Days 1–7): Stabilize medically post-detox; establish therapeutic alliance; orient to program; complete biopsychosocial assessment; initiate MAT.

Short-Term (Days 8–14): Engage actively in individual and group therapy; develop initial relapse prevention plan; improve cognitive functioning and FIM scores; psychiatric evaluation completed.

Long-Term (Days 15–21): Solidify relapse prevention strategies; establish aftercare plan; arrange transition to IOP; coordinate outpatient MAT provider; achieve FIM score ≥ 90 prior to discharge.

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
Medication-Assisted Treatment	Daily assessment + dosing	Nursing / Dr. Thorne
Occupational Therapy	1 hr/day, 5 days/wk	K. Reyes, OTR/L
Psychiatric Consultation	Within 72 hrs of admission; PRN	Consulting Psychiatry
Nursing Assessment	Every 8 hours	RN / LPN
Recreational Therapy	1 hr/day, 5 days/wk	CTRS
Family Therapy	1 session/wk (if family available)	Licensed Counselor
Discharge Planning	Ongoing from Day 1	Case Manager / Social Worker

Medications

Buprenorphine/naloxone 8 mg SL q8h (MAT — titrate per clinical response); Lisinopril 10 mg PO daily; Sertraline 50 mg PO daily; Multivitamin 1 tab PO daily; PRN medications per nursing protocol.

Discharge Plan

Anticipated discharge to intensive outpatient program (IOP), 3 days/week. Outpatient MAT provider to be identified by Day 14. Case manager to confirm housing stability, support system, and transportation. Peer support specialist referral to be completed prior to discharge. Follow-up appointment with Dr. Thorne (telehealth) to be scheduled within 7 days of discharge.

Treatment Team Signatures:

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

Desert Peaks Rehabilitation Center | April 3, 2026 | Electronically signed 11:30