

<b>Case Number:</b>	CM13-0007686		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has a date of injury of 21 April 2010. She is a 67-year-old female. She's been diagnosed with osteoarthritis and diabetes. She has chronic knee pain. A left total knee replacement has been planned. The patient had shoulder surgery one year ago and did well from shoulder surgery. The medical records document concern for vascular compromise in the bilateral lower extremities. Left total knee replacement surgery is being planned. At issue is whether skilled nursing facility in home physical therapy or medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled nursing facility stay, 5 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**Decision rationale:** The patient does not meet criteria for skilled nursing facility 5 days. Guidelines indicate that skilled nursing facility may be required depending on the degree of functional limitation that the patient has postoperatively. Skilled nursing facility may be also dependent on the patient's ability to participate with rehabilitation postoperatively. The medical

records do not document that this patient has problems participating in postoperative rehabilitation. It is unclear exactly what functional limitations the patient has at this time. The postoperative need for skilled nursing facility care has not been adequately documented in the medical records. The medical records do not indicate that this patient is homebound and has significant knees were SPECT activities of daily living.

**Home nursing care after discharge from skilled nursing facility (SNF), RN visits once a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**Decision rationale:** The medical records do not adequately documented need for home nursing care after the surgery. The medical records do not document the degree of functional limitation at the patient has. There is no documentation that the patient is unable to participate in active rehabilitation and physical therapy. There is no documentation that the patient is homebound. Criteria for home nursing care for 4 weeks that the surgery has not been met.