

<b>Case Number:</b>	CM13-0035571		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/05/1999
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 65 year old female is status post bilateral total knee replacements with revision left total knee on 10/1/13. The physical therapy evaluation on 10/5/13 demonstrates the patient is independent with functional and community activities. Notes states the patient lives alone in condominium without steps. Also the note from 10/9/13 demonstrates the patient ambulation is 200 and with range of motion from -5 to 95 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled nursing facility for additional 14 days stay (adjustor authorized the first 7 days-requested is for 21 days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Per the Official Disability Guidelines Knee and Leg section regarding skilled nursing facility, recommends up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending

on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. In this case there is insufficient evidence to support medical necessity for extension of the skilled nursing facility for additional 14 days stay. The patient has demonstrated functional improvement and is progressing with rehabilitation goals. Therefore the determination is for non-certification.