

<b>Case Number:</b>	CM13-0045733		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 claimant is a 55-year-old male who was injured on 8/29/03. The records provided for review include a Utilization Review from October 2013 documenting that the claimant has been certified for a right total knee arthroplasty with an unknown length of stay as well as preoperative assessment. It is unclear as to whether or not the claimant's surgical process has yet occurred.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP SKILLED NURSING FACILITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address admission and length of stay for a skilled nursing facility, so the Official Disability Guidelines were consulted. When looking at the Official Disability Guidelines, the request for a postoperative skilled nursing stay would not be indicated. The Official Disability Guidelines recommend postoperative skilled nursing admission after hospitalization when patient requires skilled

nursing or rehabilitative services on a 24 hour basis. This is an otherwise healthy 55-year-old individual and there is no documentation in the records provided for review to indicate why she would not be capable of discharge to home with home health care assessment following her surgery. Furthermore, there is no indication in the request for length of stay. Therefore, the request for skilled nursing facility following this individual's total joint arthroplasty cannot be recommended as medically necessary.