

Case Number:	CM13-0048790		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2007
Decision Date:	02/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 patient is a 67-year-old female who reported an injury on 06/01/2007. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient is status post left total knee arthroplasty on 11/08/2013. The patient was hospitalized until 11/11/2013. The patient denied any complications. Per the most recent clinical note dated 11/20/2013, the patient has received 2 home therapy sessions and is to continue receiving her home care as per her discharge inquisition. The patient will exercise with the application of ice and elevation of her left lower extremity with gentle range of motion exercises and use of a pedaling device. The patient is also able to weight bear with assist, and use of a cane. The patient's treatment plan includes continuing home exercises to include ice application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative inpatient rehabilitation (30 days): 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 (ODG), Knee & Leg Chapter, Skilled Nursing Facility care.

Decision rationale: California MTUS/ACOEM does not address inpatient rehab. Per Official Disability Guidelines the inpatient rehabilitation to skilled nursing facilities is recommended if a patient requires 24-hour care because they are unable to care for themselves due to physical, emotional, or mental conditions. It is stated patients discharged from day rehab for the rehab for total knee arthroplasty have similar, or improved outcomes as compared with those subjects that are discharged from a skilled nursing facility for inpatient rehab. Per Official Disability Guidelines, a patient has to have no caregivers at home, is unable to manage at home, the home environment is unsafe, or there are no outpatient management options available in order for a patient to be recommended for an inpatient rehab program. There is no documentation provided in the medical records suggestive the patient is unable to care for herself, is unsafe, and there is no reasoning provided as to why the patient cannot participate in an outpatient rehab program. Therefore, the medical necessity for the requested service cannot be determined, and the request for postoperative inpatient rehab for 30 days is non-certified.