

Case Number:	CM13-0054233		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2008
Decision Date:	03/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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:

This claimant is a 64-year-old female who was injured on November 5, 2008. Records for review indicate an injury to the left knee. The claimant is noted to be with an October 23, 2013 assessment by [REDACTED] for complaints of pain about the left knee. Subjectively at that time, she was noted to be status post a left knee manipulation under anesthesia of March 28, 2013 with revision left knee arthroplasty performed October 15, 2012. She described weakness, swelling, and "clicking." Examination showed motion from 30 to 80 degrees passively with 5/5 motor strength and no instability. The claimant's working diagnoses was status post knee joint replacement with arthrofibrosis. Anticipation was for need for operative intervention in December 2013. There is no current indication that that surgery has taken place. It is unclear as to what was to be performed at that time; however, it appears to have been another form of a revision arthroplasty. There was a request for a two-week inpatient rehabilitation stay prior to returning home.

IMR ISSUES, DECISIONS AND RATIONALES

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

two (2) week stay in rehab facility following 12/02/2013 surgery: 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), Skilled Nursing Facility LOS- (SNF) Skilled Nursing Facility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Skilled nursing facility (SNF) care.

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of a skilled nursing facility stay in this case cannot be supported. First and foremost, there is no indication that a surgical process has taken place or indication of the claimant's level of function following an operative procedure. While this request may ultimately be necessary, its role in the preoperative setting cannot be established given the lack of documentation of the claimant's postoperative function and no clear indication that an operative procedure is to take place.