

Case Number:	CM14-0005186		
Date Assigned:	01/15/2014	Date of Injury:	07/24/2011
Decision Date:	01/23/2014	UR Denial Date:	12/19/2013
Priority:	Expedited	Application Received:	01/14/2014

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 and Rehabilitation, 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 68 year-old male sustained a knee injury on 7/24/11 while carrying a tray of liquor during employment by [REDACTED]. The patient was deemed P&S by AME, [REDACTED] on 10/3/13 with future medical care provision for right knee replacement. Report dated 12/19/13 by physician reviewer, [REDACTED] noted orthopedic consultation of 9/3/13 by [REDACTED] documented the patient with right knee pain. Exam identified antalgic gait, tenderness along the medial and lateral right knee with swelling and effusion; range of motion measured 170 degrees extension with muscle of 4 along knee extension and flexion; tenderness along the hamstring; abnormal patellar tracking; positive patellar grind maneuver with popliteal cyst. Supplemental report dated 12/17/13 note the patient underwent right knee surgery with diagnoses of right knee severe tricompartmental arthritis and bilateral knee degenerative arthritis. Request included urgent 10 days skilled home nursing was non-certified, citing Guidelines criteria and medical indication for admission to a skilled nursing facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) days skilled home nursing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Skilled nursing facility (SNF) care.

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, Summary of Medical Evidence, Skilled Nursing Facility, pages 347-348

Decision rationale: This 68 year-old sustained a knee injury on 7/24/11 and is s/p right total knee arthroplasty on 12/14/13. Acute post-operative care would usually be 3-4 days of inpatient post-rehab to allow for gains in ambulation of household distances, performing activities of daily living such as getting up and down for meals and transfers to and from the bathroom. Patients do not usually require skilled nursing care unless there are co-morbidities with operative or medical complications associated diseases such as cardiovascular, respiratory, or neurological disorders. Although the MTUS/ ACOEM Guidelines do not address this request; ODG for SNF criteria include hospitalization for at least 3 days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip replacement); significant new functional limitation such as the inability to ambulate more than 50 feet, or perform ADLs (such as self-care, eating, or toileting); Associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilator support, spinal cord injury, significant head injury with cognitive deficit); Require skilled nursing and rehabilitation services on a daily basis or at least 5 days per week with at least 3 hours per day of physical therapy, occupational therapy, and/or speech therapy; and Treatment precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options); and the SNF is a Medicare certified facility. Reports submitted have not adequately identified for any co-morbid disorders, social situation whereby the patient lives alone is unable to self-manage, or addressed any post-operative complications or slow recovery with inadequate ability to perform the activities of daily living to support the request for a 10 day skilled nursing facility admission. The ten (10) days skilled home nursing is not medically necessary and appropriate.