

Case Number:	CM14-0006210		
Date Assigned:	03/03/2014	Date of Injury:	05/23/2011
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 57-year-old male with a 5/23/11 date of injury after twisting while falling on some water at work. The patient so noted to have had unspecified arthroscopic surgery to the knee in 1996 and 2004 prior to her date of injury. The patient underwent a TKA of the left knee, and subcutaneous lateral release with intrarticular injection on 11/11/13. The patient was seen on 11/27/13 complaining of neck pain and low back pain with radiation to the all extremities, 7/10, left knee pain, 9/10, and right knee pain 8/10. Exam findings revealed a valgus deformity and restricted flexion and extension of the left knee. A plain film from 11/25/13 revealed a stable left knee and the incision was noted to be healing well. Treatment to date: medications, aquatic therapy, Supartz injections, lumbar fusion, postoperative physical therapy. A UR decision dated denied the request given there was no documentation of any medical issues that would require skilled nursing services.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKILLED NURSING SERVICES 3 TIMES PER WEEK FOR 4 WEEKS, 4 HOURS PER DAY FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee and Leg.

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

Decision rationale: Official Disability Guidelines criteria for skilled nursing facility care include hospitalization for at least three days; admission to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care; and the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis. There is no evidence that the patient requires any skilled nursing care and no rationale for skilled nursing services. Therefore, the request for skilled nursing care is not medically necessary.