

Case Number:	CM14-0009376		
Date Assigned:	01/28/2014	Date of Injury:	12/01/2005
Decision Date:	02/04/2014	UR Denial Date:	01/06/2014
Priority:	Expedited	Application Received:	01/24/2014

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 63 year-old female sustained an injury on 12/1/05 while employed by [REDACTED]. Request under consideration include URGENT skilled nursing services x7 sessions. Per report dated 10/23/13 from nurse practitioner for [REDACTED]), the patient had continued sever right knee pain, unable to put weight on it and had limited range of motion. She had difficulty sleeping; Pain level was 7/10. Exam of the right knee revealed mild erythema with Extension/flexion 0/110 degrees. Treatment plan was for right total knee arthroplasty. The patient was diagnosed with right knee osteoarthritis with limited relief with arthroscopic surgical treatment and non-operative treatment. A walker was requested along with urgent home health physical therapy 3x/wk. for 2 weeks to the right knee and skilled nursing services x 7 sessions. Request was non-certified by orthopedic reviewer, [REDACTED] on 1/6/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT skilled nursing services x7 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG Knee and Leg, Skilled Nursing Facility and Skilled Nursing Facility Length of Stay.

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

Decision rationale: This 63 year-old female sustained an injury on 12/1/05 while employed by [REDACTED]. Request under consideration include URGENT home health physical therapy 3x per week x 2 weeks for the right knee. Per report dated 10/23/13 from nurse practitioner for [REDACTED], the patient had continued sever right knee pain, unable to put weight on it and had limited range of motion. She had difficulty sleeping; Pain level was 7/10. Exam of the right knee revealed mild erythema with Extension/flexion 0/110 degrees. Treatment plan was for right total knee arthroplasty. The patient was diagnosed with right knee osteoarthritis with limited relief with arthroscopic surgical treatment and non-operative treatment. Although the MTUS/ ACOEM Guidelines do not address this request; ODG for skilled nursing 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). It is not clear whether the patient has undergone the proposed surgical procedure, which upon that time can determine whether the patient sustained complication with slow progress and functional limitations requiring skilled nursing sessions. It is also unclear what specific skilled nursing procedures are needed as the reports have not documented any comorbid medical history or limitations to self-manage in activities of daily living that would require skilled nursing. The URGENT skilled nursing service x7 sessions is not medically necessary and appropriate.