

Case Number:	CM14-0009668		
Date Assigned:	02/14/2014	Date of Injury:	08/02/2011
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgeon and is licensed to practice in 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 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:

The injured worker reported a date of injury of 08/02/2011. On this date the injured worker was struck by falling lumber. Progress report dated 10/15/13 indicates that the injured worker complains of left knee pain. He utilizes a wheelchair. The injured worker continues to struggle with activities of daily living and has been recommended to stay in rehab for safety reasons. He is status post left knee arthroscopy in 2012. Chart note dated 11/12/13 indicates that he is status post arthroplasty on 09/18/13. Note dated 12/10/13 indicates that the injured worker participates in physical therapy. The injured worker was in a skilled nursing facility for 3.5 months following surgical intervention. Assessment dated 01/09/14 indicates that there are safety hazards in the injured worker's home to include incomplete flooring in one room, unsafe placement of rugs, and no smoke detectors. The injured worker's family was recommended to sanitize and declutter his home. Case management note dated 12/26/13 indicates that the injured worker is medically stable for discharge and no skilled nursing services are needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NURSING FACILITY CARE SUBSEQUENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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 CHAPTER, SKILLED NURSING FACILITY (SNF) CARE

Decision rationale: Based on the clinical information provided, the request for nursing facility care subsequent is not recommended as medically necessary. The injured worker is status post knee arthroplasty on 09/18/13 and subsequently remained in a skilled nursing facility for 3.5 months postoperatively. Case management note dated 12/26/13 indicates that the injured worker is medically stable for discharge and no skilled nursing services are needed. The Official Disability Guidelines support skilled nursing facility only for injured workers who require skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. Therefore, the request for nursing care facility care subsequent is not medically necessary and appropriate.