

Case Number:	CM14-0010332		
Date Assigned:	02/21/2014	Date of Injury:	03/23/2012
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 is a 52 year old male with an injury reported on 03/23/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/08/2013, reported that the injured worker complained of pain to the bilateral knees. The physical examination revealed range of motion to the injured worker's left knee demonstrated 5-120 degrees of motion and the right knee demonstrated 0-100 degrees of motion. It was reported there was patellofemoral compartment tenderness and crepitation bilaterally with positive patellar grind and inhibition test. The injured worker's diagnoses included bilateral knee degenerative joint disease. The provider requested a 2 week stay at the extended care facility after bilateral knee replacement in February 2014. The request for authorization was submitted on 12/30/2013. The injured worker's prior treatments included failed synvisc injections, physical therapy, and conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST 2 WEEK STAY AT EXTENDED CARE FACILITY AFTER BILATERAL KNEE REPLACEMENT IN FEBRUARY 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Skilled nursing facility LOS (SNF).

Decision rationale: The request for 2 week stay at the extended care facility after bilateral knee replacement in February 2014 is non-certified. The injured worker complained of pain to the bilateral knees. The most recent clinical note was a re-evaluation and authorization for bilateral total knee arthroplasties. The Official Disability Guidelines Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. For patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. The requesting provider did not indicate if the request is for a skilled nursing facility or an inpatient rehabilitation facility. There is a lack of clinical information indicating the injured worker's post-surgical functional limitations. There is also a lack of skilled nursing and /or rehabilitation care which the injured worker would need to be provided. There is a lack of continued documentation indicating the injured worker's post-surgical progress and rehabilitation goals. Therefore, the request is not medically necessary.