

Case Number:	CM14-0015848		
Date Assigned:	02/07/2014	Date of Injury:	12/13/2011
Decision Date:	02/11/2014	UR Denial Date:	01/24/2014
Priority:	Expedited	Application Received:	02/07/2014

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 57 year-old female sustained an injury on 12/13/11 while employed by the [REDACTED]. Request under consideration include inpatient rehab stay at [REDACTED] x7 days for the left knee. The patient has left knee patella instability. Surgery to include lateral release and tibial tubercle osteotomy was certified. Request is for skilled nursing facility (SNF) stay for activities of daily living training, wound care and physical therapy. The proposed surgery is an outpatient procedure. Request was non-certified on 1/24/14 by orthopedic reviewer 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 inpatient rehab stay at [REDACTED] x7 days 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 Skilled Nursing Facility (SNF)

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

Decision rationale: This 57 year-old female sustained an injury on 12/13/11 while employed by the [REDACTED]. The patient has left knee patella instability. Surgery to include lateral release and tibial tubercle osteotomy was certified. Request is for skilled nursing facility (SNF) stay for activities of daily living training, wound care and physical therapy. Request was non-certified on 1/24/14 by orthopedic reviewer citing guidelines criteria and lack of medical necessity. The proposed surgery is an outpatient procedure without medical need for inpatient rehabilitation. Acute post-operative care for an outpatient arthroscopic surgery would usually need outpatient therapy as a more complicated major surgery such as a total hip or knee arthroplasty may need a 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. Even with a major surgery, 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 this inpatient skilled nursing facility admission. The URGENT inpatient rehab stay at [REDACTED] x7 days for the left knee is not medically necessary and appropriate