

Case Number:	CM14-0114268		
Date Assigned:	09/16/2014	Date of Injury:	10/29/2010
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 63-year-old male who reported an injury on 10/29/2010 due to falling while trying to retrieve a tray for the children's school as it was wet and slippery following an injury to his right knee. The injured worker had a diagnosis of chronic right knee osteomyelitis. The past treatments included a brace, crutches, a cane, skilled nursing, occupational therapy, and physical therapy. The injured worker has had a right total knee arthroplasty for MRSA and a hardware removal secondary to infection. The injured worker rated his pain at a 9/10 using the VAS. The injured worker has received Vancomycin 6 week course of antibiotics. He was also noted to have an 11 week post major debridement of the right leg with placement of antibiotic impregnated cement spacers. No diagnostic available for review. The treatment plan was for 20 additional days of inpatient stay in skilled nursing. The Request for Authorization dated 09/16/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 20 days inpatient stay for skilled nursing Qty: 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & 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 & Leg, Skilled Nursing Facility

Decision rationale: The California MTUS/ACOEM Guidelines did not address. The Official Disability Guidelines indicate that skilled nursing facilities are recommended up to 10 to 18 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility as an option, but not a requirement, depending on the degree of functional limitations, ongoing skilled nursing and/or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and the ability of improving facility immediately following 3 to 4 days of acute hospital stay for arthroplasty. For patients with knee replacements and patients with hip replacement, inpatient rehabilitation facilities had better outcomes than did skilled nursing facilities because earlier and more intensive rehabilitation was associated with better outcomes. The documentation lacked evidence that the injured worker was in a skilled nursing facility. There was no documentation from the skilled nursing facility or physical therapy or wound care for any functional improvement. The clinical notes indicated that the injured worker had been noncompliant on multiple times with treatment. As such, the request for additional 20 days Inpatient Stay for Skilled Nursing (quantity 20) is not medically necessary.