

Case Number:	CM14-0123042		
Date Assigned:	08/08/2014	Date of Injury:	08/16/2011
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 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 54-year-old female who reported an injury on 08/16/2011. The mechanism of injury was not provided. The injured worker was noted to have an MRI of the right knee. Other therapies and medications were not provided. The injured worker was noted to undergo a diagnostic arthroscopy and a subtotal synovectomy, a partial anterior or medial meniscectomy, a lateral meniscectomy, and a chondral abrasion of the medial femoral condyle and patellofemoral joint. The procedure was performed on 11/06/2012. The documentation of 07/15/2014 revealed the injured worker had persistent severe right knee pain. The injured worker was noted to have severe osteoarthritis of the patellofemoral joint and a complete articular cartilage loss in the patella. The physical examination revealed severe knee pain. There was pain in the patellofemoral joint and the medial and lateral compartments. The diagnoses included severe osteoarthritis right knee worse in the patellofemoral joint. The treatment plan included a total knee replacement. The DWC Form RFA dated 07/15/2014 revealed a request for a total knee replacement, 2 weeks postoperative skilled nursing facility to include 2 weeks of therapy, a postoperative cold therapy unit, postoperative outpatient physical therapy, and in-house preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Services/Procedure/Report. Per Peer Reviewer's Report: Two week post-operative skilled nursing facility with physical therapy.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 & Leg Chapter, Skilled nursing facility (SNF) care.

Decision rationale: The Official Disability Guidelines indicate skilled nursing facility care is necessary after hospitalization when the injured worker requires skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The clinical documentation submitted for review indicated the injured worker's surgery was found to be not medically necessary therefore, this request is not medically necessary.