

Case Number:	CM14-0137960		
Date Assigned:	09/05/2014	Date of Injury:	08/09/2012
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 Surgery 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 claimant is a 52-year-old female who injured her left knee in work-related accident on 08/09/12. The medical records provided for review document that since the injury the claimant has been treated conservatively. Based on the claimant's failure to improve with conservative care, left total knee arthroplasty and patelloplasty was performed on 08/05/14. The medical records provided for review did not contain any postoperative medical records for review or any documentation to the claimant's response to inpatient physical therapy, treatment, or current home situation. There's a current request for 10 days of nursing home rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Nursing Home rehab x10 days (Left Knee): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: knee procedure - Skilled nursing facility LOS (SNF) 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 rehabilitati

Decision rationale: California MTUS and ACOEM Guidelines do not provide relevant to this request. When looking at the Official Disability Guidelines, the request for 10 days of nursing stay would be supported. According to the Official Disability Guidelines, following arthroplasty procedures the standard length of stay in a skilled nursing facility would be 6 to 12 days. This request is for 10 days inpatient stay on a skilled nursing facility and would fall within the Official Disability Guidelines. Therefore, the 10 days requested in this case would satisfy guideline criteria and would be indicated.