

Case Number:	CM14-0143713		
Date Assigned:	09/12/2014	Date of Injury:	04/21/1997
Decision Date:	10/13/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 60-year-old female who was injured in a work related accident on 04/21/97. The clinical records provided for review document that the claimant had previously undergone bilateral total knee arthroplasty procedures. There was documentation that due to infection, the right knee implant was surgically removed on 05/21/14 to include excisional arthroplasty with insertion of an antibiotic cement spacer. A postoperative progress report on 07/14/14 did not document any signs or symptoms consistent with infection or culture reports positive for candida. Treatment recommendation was for serial monitoring of blood work, a hinged knee brace, and internal medicine reassessment. The claimant was scheduled for reimplementation surgery on 08/05/14. It was documented that at the time the claimant was unsafe to go home due to her clinical setting. There is a current request for skilled nursing facility stay between 07/22/14 and 08/05/14 and prospective review for a skilled nursing stay for six weeks for IV antibiotics and physical therapy following revision surgery for implementation of the prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Skilled Nursing Facility with 4 weeks of I.V. Antibiotics/Wound Care (Right 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 Chapter, Procedure summary (last updated 01/20/2014)

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 Worker's Comp, 18th Edition, 2013 Updates: knee procedure

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for skilled nursing facility stay for four weeks between the time of claimant's antibiotic spacer placement and reimplementation arthroplasty would be supported. During that time, the claimant would have required restricted weight bearing, need IV antibiotics and monitoring. The implant itself would not have been compatible with progressive weight bearing and strengthening exercises thus requiring the need for skilled care for assistance with activities of daily living and therapy. The request for four weeks of skilled nursing for IV antibiotics and wound care assessment would be supported as medically necessary.

Continued Physical/Occupational Therapy x 4 weeks (Right Knee): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 Worker's Comp , 18th Edition, 2013 Updates: knee procedure

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines also would support physical and occupational therapy that was performed during the timeframe of four weeks in a skilled facility. This is due to the nature of the claimant's staged surgical process and need for assistance with inpatient care including physical and occupational therapy modalities. This request is medically necessary.