

<b>Case Number:</b>	CM14-0151664		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Internal Medicine 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 (IW) is a 51-year-old man who had onset of right hip pain approximately 2 years ago, which gradually worsened over time. The mechanism of injury occurred as a result of cumulative trauma while working as a [REDACTED]. Pursuant to the sole orthopedic note in the medical record dated July 10, 2014, The IW complains of pain limiting daily activities and work duties. Physical examination reveals and antalgic gait on the right with an abductor lurch. There is 90 degrees of right hip flexion with obligate, 30 degrees of abduction, 40 degrees of external rotation, and about 20 degrees of internal rotation. X-rays revealed complete loss and obliteration of the joint space with subacromial sclerosis, cyst formation, marginal osteophytes, and definite collapse of the femoral head on the lateral view. The IW failed conservative care. The IW has been diagnosed with severe degenerative joint disease of the right hip. Current medications were not addressed. The treatment plan includes total right hip replacement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Section, Walking Aids

**Decision rationale:** Pursuant to the Official Disability Guidelines, crutches are not medically necessary. Assistive devices for ambulation can reduce pain with osteoarthritis. Frames for wheeled walkers are preferable for patients with bilateral disease. Canes, crutches, braces and walkers are recommended. In this case, the injured worker was approved to undergo right total hip arthroplasty. The injured worker was approved for a front wheel walker to be used post-surgery to assist with ambulation. There is no clinical indication for a second assistive device (crutches) post-surgery. Consequently, the crutches are not medically necessary.

**Inpatient acute rehab stay versus SNF placement for assistance with ADLS times 2 weeks:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Section; Skilled Nursing Facility Care and Length of Stay <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf>

**Decision rationale:** Pursuant to the Official Disability Guidelines and the Medicare guidelines, the decision for inpatient acute rehabilitation stay versus skilled nursing facility placement for assistance with activities of daily living times two weeks is not medically necessary. The guidelines recommend skilled nursing facility (SNF) if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services for both on a 24-hour basis. The Medicare benefit policy manual chapter 8, section 30 enumerates the four factors (see attached link) for SNF. The guidelines for skilled nursing facility length of stay (LOS) recommend 10 to 18 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility, depending upon the availability of proven facilities, immediately following 3 to 5 days of acute hospital stay for arthroplasty. For patients with knee replacement in patients with hip replacement, inpatient rehab facilities had better outcomes than did skilled nursing facilities because earlier and more intensive rehab was associated with better outcomes. In this case, the clinical documentation is limited to a single orthopedic initial evaluation dated July 10, 2014. The injured worker was to the orthopedic center. The impression was severe degenerative joint disease of the right hip. The recommendation was for hip replacement surgery. There were no other clinical documents in the medical record predating this clinical document. The initial utilization review physician approved the requested surgical procedure. Additionally, the initial utilization review physician approved the medical necessity for one week of skilled nursing facility placement for assistance with activities of daily living. The guidelines appear to favor inpatient rehabilitation for 6 to 12 days over a skilled nursing facility based on better outcomes and more intense rehab associated with the inpatient rehabilitation facility. Consequently, the decision for inpatient acute rehabilitation versus skilled nursing placement for assistance with activities of daily living for two weeks is not medically necessary.

