

<b>Case Number:</b>	CM14-0176146		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old male with a 9/12/06 date of injury, and left knee replacement on 9/5/14. At the time (9/13/14) of request for authorization for Skilled Nursing Facility x 5, there is documentation of subjective (left knee pain) and objective (knee range of motion within the functional limits and mild swelling) findings, current diagnoses (mild cellulitis of the left lower leg, severe degenerative joint disease status post recent left knee replacement, and hypertension), and treatment to date (inpatient physical therapy and occupational therapy and medications). Medical reports identify that the patient was transferred to a skilled nurse facility on the third day of surgery; and that the patient was independent with activities of daily living. There is no documentation of a physician certifying that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit); the patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (self care, or eating, or toileting); the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week; treatment is precluded in lower levels of care (there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options); and that the skilled nursing facility is a Medicare certified facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Skilled Nursing Facility Quantity: 5: 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, Skilled nursing facility (SNF) care

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee, Skilled nursing facility (SNF) care

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation that the patient was hospitalized for at least three days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip or knee replacement) and was admitted to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit); the patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting); the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week (skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy); treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options); and that the skilled nursing facility is a Medicare certified facility, as criteria necessary to support the medical necessity of skilled nursing facility (SNF) care, as criteria necessary to support the medical necessity of skilled nursing facility (SNF) care. Within the medical information available for review, there is documentation of diagnoses mild cellulitis of the left lower leg, severe degenerative joint disease status post recent left knee replacement, and hypertension. In addition, given documentation that the patient was transferred to a skilled nurse facility on the third day of surgery, there is documentation that the patient was hospitalized for at least three days for major surgery (knee replacement), and was admitted to the SNF within 30 days of hospital discharge, and a physician certifies that the patient needs SNF care for treatment of post-operative significant functional limitations. However, despite documentation of objective (knee range of motion within the functional limits and mild swelling) findings, there is no documentation of a physician certifying that the patient needs SNF care for treatment of major post-operative significant functional limitations. In addition, there is no documentation of associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit). Furthermore, given documentation that the patient is independent with activities of daily living, there is no

documentation that the patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (self care, or eating, or toileting); the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week; treatment is precluded in lower levels of care (there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options). Lastly, there is no documentation that the skilled nursing facility is a Medicare certified facility. Therefore, based on guidelines and a review of the evidence, the request for Skilled Nursing Facility Quantity: 5 are not medically necessary.