

Case Number:	CM14-0056819		
Date Assigned:	07/09/2014	Date of Injury:	08/03/2009
Decision Date:	08/26/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 62-year-old female claimant has an industrial injury dated 08/03/09. The exam note 03/18/14 states the patient is status post a total left knee replacement. It is also noted that she has lateral ligamentous laxity. The patient has undergone conservative treatments such as physical therapy and a brace. The x-ray results show no loosening of the femoral and tibial components. Physical exam demonstrated the patient had a well-healed incision of the left knee and 0-135 degrees range of motion. Diagnosis is a failed left total knee replacement. The treatment plan includes an elective revision left total knee replacement surgery with the insertion of thicker polyethylene liner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing 1x1, 2x2, post -op assessment, staple removal, medicaltion, pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1019. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 3/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Skilled Nursing Facility.

Decision rationale: CA MTUS/ACOEM does not address request for skilled nursing, postoperative assessment, staple removal, medication and pain management. According to Official Disability Guidelines (ODG), Knee and Leg chapter, skilled nursing care is recommended patients who are hospitalized for at least 3 days and there is medical necessity for significant postoperative functional limitations or associated medical comorbidities. In this case, the surgical procedure has not been performed and the assessment has yet to be made postoperatively. Therefore, the guideline criteria have not been met and determination is not medically necessary.