

Case Number:	CM14-0060528		
Date Assigned:	07/09/2014	Date of Injury:	03/14/2014
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of March 14, 2014. The medical records provided for review indicate that the patient underwent 16 day of rehabilitation at the skilled nursing facility with an additional 6 days certified by utilization review. They also indicate that the patient is living alone with no caretakers to assist her. She also has comorbid left hip pain and impairment resulting from a prior hip replacement and revision. A progress report dated March 24, 2014 indicates that the patient underwent open reduction internal fixation of an intra-articular patellar fracture. The physical examination reveals healing knee incisions. The treatment plan recommends continued immobilization in full extension with nonweight bearing of the right lower extremity and continued physical therapy. A progress note dated April 19, 2014 includes orders recommending admission to home health services for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued SNF stay 04/11/14 to 5/3/14: 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) Knee & Leg (web: updated 3/31/14) Skilled Nursing facility LOS (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS and ACOEM do not contain criteria for the use of skilled nursing facilities. The Official Disability Guidelines recommend the use of skilled nursing facilities if the patient has been hospitalized for at least three days for major multiple trauma or major surgery and was admitted to the skilled nursing facility within 30 days of discharge, if treatment for the above conditions has caused new functional limitations which preclude management with lower levels of care, and if those functional limitations cause an inability to ambulate more than 50 feet or perform activities of daily living. Additionally, skilled nursing admission would require that the patient needs skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week. Guidelines go on to state that admission to a skilled nursing facility requires documentation that treatment is precluded out lower levels of care. Within the documentation available for review, it appears the patient did not require the full three weeks of additional skilled nursing that is currently being requested. Notes indicate that by April 19, the treating physician felt that the patient was safe to be transitioned to a lower level of care with the use of home health services. Modified certification for 6 additional days of skilled nursing would be appropriate, and was recommended by the utilization review physician; unfortunately, there is no provision for modification within the context of this review. Therefore, the current request is not medically necessary.