

Case Number:	CM14-0062084		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2005
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational 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 patient is a 61-year-old female who has submitted a claim for advanced osteoarthritis, right knee with valgus malalignment with a history of right knee surgery twice and previous patellectomy in 18 years of age, associated with an industrial injury date of April 6, 2005. Medical records from 2014 were reviewed. The latest progress report, dated 03/25/2014, showed right knee pain, described as sharp stabbing. She was having difficulty walking after sitting for a prolonged period of time. Physical examination revealed ambulation with an assistive device; however, without assistance the gait was stiff. On inspection of the right knee there was valgus deformity. Tenderness over the medial and lateral joint lines of the right knee was noted. There was crepitation with range of motion. No spasms were noted. There was restricted range of motion with weakness in extension of the right knee. No sensory deficits were noted. Special tests on the right knee revealed negative for McMurray, Apley, and pivot shift tests. There was trace anterior drawer test and mild medial or lateral instability in flexion and extension. Treatment to date has included right knee arthroscopic surgery, probably right patellectomy, probable patellar realignment, right knee arthroscopic surgery due to degenerative joint disease (07/06/2009), pain medication, anti-inflammatory medication. Currently the patient has been approved for a right total knee replacement. Utilization review from 04/23/14 denied the request for post-op care assistance at [REDACTED] because the guidelines did not discuss about postop care assistance to [REDACTED] needs. Since the provider appeared to be requesting postop care at [REDACTED] that was a recovery facility that was a subacute skilled nursing facility, the admission to such facility was indicated by all of the following: Absence of acute hospital care needs, intensity and complexity of the patient care needs, makes inpatient care a more efficient option, services of technical or professional personnel such as RN, physical therapist, occupational therapist, speech language pathologist needed for all of the following:

care plan management evaluation to meet the patient needs, promote recovery, ensure medical safety, observation and assessment of patient's changing condition, to evaluate the need for treatment modification or for additional procedures until conditions stabilize, education services to teach patient self-maintenance or to teach caregiver patient care, multiple skilled treatments require at least daily skilled services until one or more of the following: Nursing services include one or more of the following: Intravenous infusion, example fluids: antibiotics, parenteral nutrition, pain management, dressing changes that require use of prescription medication or aseptic need, extensive decubitus ulcer, widespread skin disorder or treatment. Restorative nursing services including training, care, and assistance in one or more of the following: Complication, prevention, and initiation of revision maintenance therapy plan, exercise program, range of motion, pulmonary, cardiac, safe performance of activities of daily living, dressing, communicating, eating, splint, brace, cast, prosthesis, or orthosis management indicated, urinary or bowel toileting program. Therapy services needed include one or more of the following: Ongoing assessment of rehabilitation needs and potential example range of motion, strength, balance, therapeutic exercise and/or activity supervision to ensure patient safety and treatment affecting this gait evaluation and training therapy modalities. However, the patient needed an assessment following surgery with a case management to see what level of care she needed at the discharge timing and a discharge planning may be recommended at the hospital.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op care assistance at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Miliman Care Guidelines 17th edition.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Miliman Care Guidelines was used instead. [REDACTED] is a recovery facility that is a subacute skilled nursing facility, the admission to such facility was indicated by all of the following: Absence of acute hospital care needs, intensity and complexity of the patient care needs, makes inpatient care a more efficient option, services of technical or professional personnel such as RN, physical therapist, occupational therapist, speech language pathologist needed for all of the following: care plan management evaluation to meet the patient needs, promote recovery, ensure medical safety, observation and assessment of patient's changing condition, to evaluate the need for treatment modification or for additional procedures until conditions stabilize, education services to teach patient self-maintenance or to teach caregiver patient care, multiple skilled treatments require at least daily skilled services. Therapy services needed include one or more of the following: Ongoing assessment of rehabilitation needs and potential example range of motion, strength, balance, therapeutic exercise and/or activity supervision to ensure patient safety and treatment affecting this gait evaluation and

training therapy modalities. In this case, the patient has been approved for total right knee replacement. However, there was no documented indication for post-operative [REDACTED]. Moreover, the reason for enrollment specifically to [REDACTED] was not clear. The medical necessity was not established. Therefore, the request for post-op care assistance at [REDACTED] is not medically necessary.