

Case Number:	CM14-0062228		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2006
Decision Date:	12/05/2014	UR Denial Date:	04/11/2014
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 Physical Medicine & Rehabilitation 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 is a 59-year-old male who reported an injury on 04/06/2006. The mechanism of injury was not submitted for review. The injured worker had diagnoses of joint pain in the leg, and osteoarthritis. Past medical treatment consisted of surgery, physical therapy, the use of CPM, cold therapy, and medication therapy. Medications included Benazepril, Pioglitazone, Metformin, Glipizide, and Simvastatin. No diagnostics were submitted for review. On 03/31/2014, the injured worker complained of left knee pain. Physical examination revealed range of motion to the knee was 5 to 90. There was no effusion. It was also noted that the injured worker had medial joint tenderness. Medical treatment plan is for the injured worker to have skilled nursing facility for 7 days. The provider felt that the injured worker had many years of symptoms treated unsuccessfully with steroid injections, viscosupplementation series, the use of a brace, physical therapy, and activity modification. It was also noted that the injured worker had significant functional deficits. The provider stated that the injured worker had good results with the total knee replacement. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility times 7 days: 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 and Leg, Skilled Nursing Facility (SNF) Care, Criteria for Skilled Nursing Facility Care

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

Decision rationale: The request for Skilled Nursing Facility times 7 days is not medically necessary. The submitted documentation failed to indicate that the injured worker had been hospitalized for at least 3 days from major or multiple trauma or major surgery. It was documented in the submitted report that the injured worker underwent total knee replacement surgery; however, it did not indicate when. Additionally, there was no rationale submitted for review indicating that the provider felt that the injured worker needed skilled nursing facility care. There were no functional deficits submitted in the progress note. It was documented that the injured worker had medial joint tenderness. But there was no range of motion, motor strength, or sensory deficits documented. Additionally, there was no evidence submitted showing that the injured worker was unable to ambulate without assistance or perform activities of daily living. Given the above, the injured worker is not within the ODG recommend criteria. As such, the request is not medically necessary.