

<b>Case Number:</b>	CM14-0069112		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/05/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 male with date of injury of 12/05/2007. The listed diagnosis per [REDACTED] dated 05/21/2014 is bilateral knee osteoarthritis with continued pain and disability. According to this report, the treater has requested authorization for acute care rehabilitation following the patient's arthroplasty which has already been authorized. The patient requires close followup following surgical intervention and has no secure place in which he can rehabilitate. The physical examination show significant patellar crepitus bilaterally in the knees on flexion and extension. There is medial and lateral joint line tenderness. There is significant varus deformity of the knees bilaterally. Positive McMurray's test can be elicited bilaterally. The utilization review denied the request on 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acute Rehabilitation:** 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 (updated 03/31/14), Skilled nursing facility (SNF) care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Skilled nursing facility (SNF) care.

**Decision rationale:** This patient presents with bilateral knee osteoarthritis. The treater is requesting an acute rehabilitation. The MTUS and ACOEM Guidelines do not address this request, however, ODG on skilled nursing facility care states that it is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The criteria includes: 1. The patient was hospitalized for at least 3 days for major multiple trauma or major surgery; 2. Physician certifies that the patient needs SNF care; 3. The patient has significant functional limitations, etc. The progress report dated 04/25/2014 notes that the patient requires a follow-up after surgical intervention and has no secure place for which he can rehabilitate. The patient's arthroplasty has been authorized and scheduled. In this case, while the patient is a candidate for a skilled nursing facility following surgery, the treater did not specify the length of stay in this skilled nursing facility. ODG recommends 10 to 18 days in a skilled nursing facility or 6 to 12 days in inpatient rehabilitation facility. Depending on how the patient does following surgery, the Provider may consider a consultation for acute rehab to determine the patient's specific needs. The request for Acute Rehabilitation is not medically necessary.