

Case Number:	CM14-0074911		
Date Assigned:	07/16/2014	Date of Injury:	08/29/2008
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This 55-year-old female baggage handler sustained an industrial injury on 8/29/08. She underwent left total knee arthroplasty on 10/28/13. Past medical history was positive for morbid obesity, hepatitis, depression, and hypertension. The 12/18/13 right knee weight bearing x-rays demonstrated tricompartmental advanced degenerative changes with severe varus deformity. The 4/15/14 treating physician progress report indicated the patient had continued worsening of right knee pain causing severe difficulty walking and less severe pain in the left knee likely secondary to compensating for the right knee. She was using canes for ambulation. A cortisone injection was provided for the right knee. Right total knee arthroplasty was pending in May. The 4/25/14 utilization review denied the request for inpatient rehab in a skilled nursing facility for 14 days based on an absence of assessment of post-op functional status. The 5/8/14 physical therapy cited worsening grade 7/10 right knee pain secondary to osteoarthritis, minimally responsive to non-surgical interventions. Right knee exam documented varus alignment, medial joint line tenderness, mild patellar crepitation, range of motion 5-110 degrees and normal strength. The provider documented a discussion of post-operative rehabilitation. The patient will be discharged home with home physical therapy, occupational therapy, and RN following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Rehab at Skilled Nursing Facility x14 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 & Leg, Skilled Nursing Facility Length of Stay.

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

Decision rationale: The California MTUS does not provide length of stay recommendations for skilled nursing facility (SNF) stay, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a SNF as an option following total knee replacement, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation needs, patient ability to participate with rehabilitation, and documentation of continued progress with rehabilitation goals. Guideline criteria have not been met. The current medical necessity of SNF admission is not documented relative to functional limitations expected post-operatively that would preclude discharge to home. The most recent progress report indicates home discharge was planned with in-home physical therapy, occupational therapy, and skilled nursing services. Therefore, this request for inpatient rehab at a skilled nursing facility for 14 days is not medically necessary.