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| Case Number: | CM14-0188114 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 01/24/2007 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Surgeon 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:

A 71 year old female claimant has a reported industrial injury on 1/24/07. Records note that the patient is status post left total knee arthroplasty 7 years prior. The claimant developed a warm, swollen left knee from an unknown cause. She is status post resection arthroplasty of the left knee on 10/25/2014. It is noted that the claimant has a history of hypertension and atrial fibrillation and will require a PICC line for IV antibiotics. Request is made for skilled nursing facility for 35 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing Facility per Day Qty: 35.00: 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), Edition, 200 Or Current Year, Knee & Leg (Acute & Chronic), Hospital Length Of Stay (LOS), Skilled Nursing Facility (SNF)

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. In this case the request exceeds the 18 day upper limit for skilled nursing facility per the guidelines. Therefore the request is not medically necessary.