

Case Number:	CM14-0188639		
Date Assigned:	11/19/2014	Date of Injury:	02/28/2012
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
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 Surgery, and is licensed to practice in Minnesota. 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 69 year old female with end stage osteoarthritis and varus deformities of both knees, right more than left. She has failed conservative care, meets or exceeds the guideline criteria and has been certified for a right total knee arthroplasty. There is a significant medical issue of chronic anemia requiring periodic transfusions and the attending physician has requested 3 days of hospitalization and 7 days in a skilled nursing facility after surgery. Her Hemoglobin ranges from 7-10 and 2 units of packed RBCs pre-operatively have been certified. The disputed issue is a request for 7 days in a skilled nursing facility after 3 days of hospitalization. The request was non-certified citing ODG guidelines which state that an in-patient rehab facility is preferred for post-operative rehab of orthopedic patients but skilled nursing facility is an option. The UR found that there was no indication the patient was unable to attend outpatient physical therapy and/or did not have help from family/friends while in the recovery stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Skilled nursing x 7 days: Overturned

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 Chapter

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

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend up to 10-18 days in a skilled nursing facility or 6-12 days in an in-patient rehab facility after a total knee replacement. The outcomes were better in the in-patient rehab facility because of earlier and more intensive rehab. However, the skilled nursing facility is an option and in light of the concern about the chronic anemia and the severe bilateral osteoarthritis and anticipated difficulty with ambulation and transfers in the post-operative period, the request for 7 days in a skilled nursing facility is appropriate and medically necessary per guidelines.