MAXIMUS Federal Services

Case Number:	CM14-0204877		
Date Assigned:	12/17/2014	Date of Injury:	11/12/2002
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Shoulder and Elbow 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:

The injured worker is a 46-year-old female who reported an injury on 11/12/2002. The mechanism of injury was not included. Her diagnoses included chronic pain syndrome, knee/lower leg pain, lower back pain, myalgia and myositis, spasm of muscle, and insomnia. Her past treatments have included a trial and permanent placement of spinal cord stimulator, cognitive behavioral therapy, and percutaneous electrical stimulation of the peripheral nerves. Her diagnostic studies have included electromyography and nerve conduction velocity study on 05/20/2011, she has had x-rays of the left knee, the right knee, x-ray of the left knee and left tibia post surgery on 11/25/2013, x-rays of left knee and left tibia again on 12/27/2013, urine drug testing. Her surgical history included carpal tunnel releases bilaterally in 2010, implantation of a dual lead spinal cord stimulator system on 10/11/2012, and a permanent placement of the dual lead spinal cord stimulator on 11/28/2012. Arthrotomy of the left knee with medial unicompartmental arthroplasty utilizing a Smith and Nephew Journey prosthesis, also partial lateral meniscectomy and patelloplasty with intra-articular injection on 11/11/2013. The progress note of 12/10/2014 indicates the injured worker has complaint of pain in the lumbar region, down the left leg to the left foot. She describes the pain as sharp, stabbing, and burning. She rates the pain at a 7/10 with her pain medication. Her physical exam indicated she had unstable gait, restricted range of motion of the lumbosacral spine due to pain, lumbar spinal tenderness at the lumbar paraspinals, and tenderness at L4-S1. She has difficulties with range of motion in her left knee due to pain. Her current medications included oxycodone 30 mg, Percocet 10/325 mg, Soma 350 mg, and Ambien 10 mg. Her treatment plan included pain medication. The rationale for the request is not included in the medical record. The Request for Authorization form is not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rehabilitation center for left knee: 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 Chapter, Skilled Nursing Facility

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 1 month rehabilitation center for left knee is not medically necessary. The California MTUS Guidelines and American College of Occupational and Environmental Medicine guidelines do not address the request for rehabilitation center for the left knee; therefore, the Official Disability Guidelines were used and they state the criteria for skilled nursing facility care include the patient being hospitalized for at least 3 days for major or multiple trauma, or major surgery and was admitted to the SNF within 3 days of hospital discharge. There should be documentation that a physician certifies the patient's need for SNF care, postoperative significant functional limitations, or associated significant medical comorbidities with functional limitations that preclude management with lower levels of care. The patient should have a significant new functional limitation. The patient requires skilled nursing or skilled rehabilitation services or both and the service made must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. There should be documentation of treatment has precluded in lower levels. The skilled nursing facility should be a Medicare certified facility. The documentation submitted for review does not include documentation from the patient's hospital stay, there is a lack of physician certification that the patient would need a SNF, or that the patient has new functional limitation. The documentation does not indicate an inherently complex need for skilled care. There is also no documentation as to why the patient would not be able to be cared for at a lower level of care, or manage at home on her own. Therefore, the request for 1 month rehabilitation center for left knee is not medically necessary.