

Case Number:	CM14-0209799		
Date Assigned:	12/22/2014	Date of Injury:	08/18/2010
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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:

According to the records made available for review, this is a 52-year-old male with an 8/18/10 date of injury. At the time (11/13/14) of request for authorization for Associated surgical service: post-op stay at skilled nursing facility; 1-2 weeks and Associated surgical service: continuous passive motion (CPM); post-op for 7 days, there is documentation of subjective (left knee pain) and objective (left knee crepitation, limited range of motion, positive McMurray test, and tenderness over the medial and lateral patellar facet) findings, current diagnoses (tricompartamental degenerative arthrosis), and treatment to date (medications, cortisone injections, physical therapy, and Synvisc injections). There is no documentation of a pending surgery that has been authorized/certified. Regarding associated surgical service: post-op stay at skilled nursing facility; 1-2 weeks, there is no documentation that the patient was hospitalized for at least three days and was admitted to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care; the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis; the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel; that the treatment is precluded in lower levels of care; and that the skilled nursing facility is a [REDACTED] certified facility. Regarding Associated surgical service: continuous passive motion (CPM); post-op for 7 days, there is no documentation of any of the following surgeries (total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op stays at skilled nursing facility; 1-2 weeks: 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

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

Decision rationale: Official Disability Guidelines (ODG) identifies documentation that the patient was hospitalized for at least three days and was admitted to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs skilled nursing facility (SNF) care; the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis; the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel; that the treatment is precluded in lower levels of care; and that the skilled nursing facility is a [REDACTED] certified facility, as criteria necessary to support the medical necessity of Skilled Nursing Facility stay. Additionally, evidence based guidelines support 10-18 days in a SNF or 6-12 days in an inpatient rehabilitation facility (IRF), immediately following 3-4 days acute hospital stay for arthroplasty. Within the medical information available for review, there is documentation of a diagnosis of tricompartmental degenerative arthrosis. However, there is no documentation that the patient was hospitalized for at least three days and was admitted to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care; the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis; the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel; that the treatment is precluded in lower levels of care; and that the skilled nursing facility is a [REDACTED] certified facility. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.

Associated surgical service: Continuous passive motion (CPM); post-op for 7 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 (ODG), Knee & leg, Continuous Passive Motion Devices

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

Decision rationale: Official Disability Guidelines (ODG) identifies documentation of any of the following surgeries [total knee arthroplasty; anterior cruciate ligament reconstruction; and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is

documentation of a diagnosis of tricompartmental degenerative arthrosis. However, there is no documentation of any of the following surgeries (total knee arthroplasty; anterior cruciate ligament reconstruction; open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint). Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.