

Case Number:	CM15-0000126		
Date Assigned:	01/09/2015	Date of Injury:	06/28/2011
Decision Date:	04/02/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

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 62 year old male sustained a work related injury on 06/28/2011. On 12/10/2014, the injured worker underwent a right total knee replacement. Diagnosis included osteoarthritis of the right knee. According to a physical therapy progress report dated 12/12/2014, the injured worker required transfer to a Skilled Nursing Facility due to inadequate strength, balance and range of motion that is required to return to current living situation on boat. According to a hospital discharge summary dated 12/13/2014, the provider noted that the injured worker progressed well with physical therapy. However, because of his unique living situation as he lives on a boat and will require significant demands to get in and out of his boat just merely for his domicile. On 12/18/2014, Utilization Review non-certified Extended Stay 4 Weeks Post-Operative Skilled Nursing Facility. According to the Utilization Review physician, the claimant was noted to have undergone a right knee arthroplasty and approved for a 10 day stay in a Skilled Nursing Facility. However, there was no documentation of current functional deficits that would warrant a longer stay at this point. Guidelines cited for this review included Official Disability Guidelines, Knee/Leg, Skilled Nursing Facility. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Stay 4 weeks Post operative Skilled Nursing Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Skilled Nursing Facility, (SNF), rehabilitation 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 Chapter-Skilled nursing facility.

Decision rationale: According to the ODG guidelines up to 10-18 days in a skilled nursing facility is recommended. The documentation does not include evidence about why a longer stay would be medically necessary. The documentation does not include descriptions of a functional deficit to support a longer stay. Thus the requested treatment: extended stay 4 weeks post operative skilled nursing facility is not medically necessary and appropriate.