

<b>Case Number:</b>	CM15-0007500		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male who reported an injury on 10/08/2014. The mechanism of injury was not provided. Diagnoses include nontraumatic rupture of quadriceps tendon. Past treatments were noted to include occupational therapy and knee immobilizer. The injured worker underwent a surgical repair of the right quadriceps tendon on 10/13/2014. On 12/17/2014, it is indicated the injured worker was doing quite well from the surgical procedure. It was noted that the injured worker would be discharged home once he is independent; however, the injured worker was noted to not have home at that time. Upon physical examination, it was indicated that the injured worker had mild numbness around the incision site. Medications were noted to include Lovenox injections. The treatment plan was noted to include working toward being independent. A request was received for additional 14 days continued stay/ rehabilitation at [REDACTED] for nursing and physical therapy needs in order to gain independence in order to discharge to appropriate housing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 14 Days Continued Stay/ Rehabilitation At [REDACTED] for Nursing and Physical Therapy Needs: 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 Chapter Skilled Nursing Facility Care Topic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ) Knee & Leg, Skilled nursing facility (SNF) care; Skilled nursing facility LOS (SNF).

**Decision rationale:** According to the Official Disability Guidelines, the criteria for skilled nursing facility care is major surgery and the injured worker had to have been admitted to the skilled nursing facility (SNF) within 30 days of hospital discharge, significant new functional limitations, indication noting the injured worker requires skilled nursing or rehabilitation for at least 5 days per week. It is also indicated in the guidelines that skilled nursing facility is recommended up to 18 days. The clinical documentation submitted for review indicated the injured worker had major surgery and was admitted to a skilled nursing facility; however, it was not indicated how long the injured worker had already been at the skilled nursing facility. There were no objective findings regarding functional limitations to warrant the need for additional services. Consequently, the request is not supported. As such, the request for additional 14 days continued stay/ rehabilitation at [REDACTED] for nursing and physical therapy needs is not medically necessary.