

Case Number:	CM15-0160860		
Date Assigned:	08/27/2015	Date of Injury:	01/16/2012
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 50 year old female who sustained an industrial injury on 01-16-2012. Mechanism of injury was a fall. Diagnoses include arthritis of the knee, meniscal tear-medial, and tear and sprain of the MCL. Treatment to date has included diagnostic studies, medications, activity modifications, knee brace, status post two knee arthroscopic surgeries, and a viscoelastic injection. She is currently taking Celebrex. On 03-27-2015, a Magnetic Resonance Imaging arthrogram revealed a persistent tear at the posterior horn and body of the medial meniscus extending to its free edge and inferior articular surface. There is progression of degenerative changes at the medial and lateral compartments particularly at the medial compartment, where there is now complete cartilage loss at the weight bearing surfaces of the medial femoral condyle and tibial plateau with bone on bone articulation. A physician progress note dated 07-14-2015 documents the injured worker complains of right knee pain interfering with activities. She describes her pain as being constant, achy, and throbbing. The treatment plan includes right total knee replacement, post-operative physical therapy 12 sessions (3x4), and associated surgical service: inpatient stay for 3 days, and associated surgical service: Knee CPM machine- 21 day rental. Treatment requested is for post-operative skilled nursing facility- 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative skilled nursing facility- 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is for non-certification. The request is not medically necessary.