

Case Number:	CM15-0182750		
Date Assigned:	09/23/2015	Date of Injury:	11/23/2011
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This is a 67 year old female with a date of injury on 11-23-2011. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative disc disease at L4 through S1, left knee osteoarthritis, left knee arthroscopy with partial meniscectomy and status post right shoulder arthroscopic rotator cuff repair. According to the progress report dated 7-22-2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. She also complained of left knee pain and right shoulder pain. The treatment plan was for left total knee arthroplasty. The physical exam (7-22-2015) revealed tenderness to palpation of the lumbar spine. Exam of the left knee revealed varus knee. She had medial joint line tenderness to palpation. Treatment has included surgery, physical therapy, injections and activity modification. The original Utilization Review (UR) (8-18-2015) modified a request for post-operative physical therapy for six weeks to an initial course of twelve post-operative physical therapy sessions. Utilization Review non-certified a request for a short stay in a skilled nursing facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially, therefore 12 visits are medically necessary. As the request does not specify the number of visits requested, the determination is for non-certification. The request is not medically necessary.

Short stay in a skilled nursing facility: 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) Criteria for skilled nursing facility care (SNF).

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.