Case Number:	CM15-0183839		
Date Assigned:	09/24/2015	Date of Injury:	04/01/2004
Decision Date:	11/25/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 69 year old male with an industrial injury dated 04-01-2004. A review of the medical records indicates that the injured worker is undergoing treatment for post-concussion syndrome, right shoulder arthroscopic biceps tenotomy, debridement of the glenohumeral joint, debridement of labral tear, right shoulder impingement syndrome, right shoulder mild acromioclavicular joint (AC) joint osteoarthritis, right shoulder status post arthroscopic revision subacromial decompression and partial acromioplasty, debridement of the glenohumeral joint, lumbar spine degenerative disc disease , right knee arthroscopic partial synovectomy chondroplasty in 2005, right knee chondromalacia patella, right knee repeat video arthroplasty and pick arthroplasty in 2010, right knee, full thickness loss in the medial central femoral trochlea with adjacent subchondral cyst per arthrogram dated 02-18-2015, possible sleep disorder, stress, anxiety and depression. In a progress report dated 06-26-2015, the injured worker right shoulder pain, headaches, ongoing neck pain, intermittent low back pain and constant right knee pain. Objective findings (06-26-2015) revealed positive Neer and Hawkin's test for right shoulder, tenderness to palpitation over the superior and lateral aspect of the shoulder. Physical exam (06-26-2015) also revealed painful range of motion with flexion and extension, tenderness to palpitation of the lumbosacral midline, bilateral hamstring tightness, tenderness to palpitation over the medial and lateral joint line of the right knee, crepitus and joint effusion of the right knee, antalgic gait to the right side, and use of cane. According to the progress note dated 07-31-2015, the injured worker reported right shoulder pain, low back pain and right knee pain. Objective findings (07-31-2015) revealed tenderness to palpitation of the

right shoulder, bilateral hamstring tightness, pain with flexion and extension, crepitus and effusion in the right knee, and antalgic gait. According to the progress note dated 08-11-2015, the injured worker reported right knee pain with tightness. Objective findings (08-11-2015) revealed medial knee pain on flexion and crepitus. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Treatment plan medication management, schedule a right total knee replacement as soon as possible or extension, and follow up visit. The patient sustained the injury when he struck a railroad truck and fell. The patient had received an unspecified number of PT visits for this injury. The patient had used knee brace and cane for this injury. The patient had MR arthrogram of right knee on 2/18/15 that revealed chondral loss; right knee X-ray revealed arthritis. The medication list includes Gabapentin, Alprazolam, Citalopram, Ibuprofen, Ambien and Tramadol. The patient had BMI of 32.1Patient was authorized for right TKR. The patient had used a C-PAP machine. The patient's wife was receiving dialysis and his son was to get married in October.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Day skilled nursing facility: Overturned

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) Chapter, Low Back (updated 09/22/15), Skilled nursing facility (SNF) care, Knee & Leg (updated 07/10/15), Skilled nursing facility (SNF) care, Skilled nursing facility LOS (SNF).

Decision rationale: Request: 7 Day skilled nursing facility. MTUS guideline does not specifically address this issue. Hence ODG used. As per the cited guideline "Skilled nursing facility (SNF) care: Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. For more information and Criteria for skilled nursing facility (SNF) care, see the Knee Chapter" Per the cited guidelines, "Criteria for skilled nursing facility care (SNF): The patient was hospitalized for at least three days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip or knee replacement) and was admitted to the SNF within 30 days of hospital discharge. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations. The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options)." "ODG hospital length of stay (LOS) guidelines: Knee Replacement (81.54 - Total knee replacement) Actual data -- median 3 days; mean 3.4 days (0.0); Best practice target (no complications) - 3 days " The patient was authorized for a right TKR (total knee replacement). He will be admitted for at least three days after the knee replacement surgery and the request is to admit him to a skilled nursing facility after that. This would be within 30 days of hospital discharge. Rehabilitation

after a total knee replacement surgery is a medically necessary service. In this patient, out patient management options are not feasible. The request for 7-Day skilled nursing facility is deemed medically appropriate and medically necessary for this patient.