

Case Number:	CM15-0202222		
Date Assigned:	10/19/2015	Date of Injury:	01/28/2009
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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: Minnesota, Florida
 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 67 year old female who sustained an industrial injury on January 28, 2015. The worker is being treated for: right knee pain and injury; end stage osteoarthritis. Subjective: June 30, 2015 she reported intermittent right knee pain and instability. The knee is also found itchy. The worker is noted being status post right total hip replacement, 6 weeks prior. September 25, 2015 she reported complaint of persistent pain with right knee pain diffuse throughout the knee. She has difficulty walking, sleeping, and performing ADL. Objective: June 30, 2015 noted the patient with impairment doing housework and driving; limits walking around the house due to instability. Two plus effusion still present this exam, ROM without change and still positive for guarding, crepitus and "severe pain with motion". The right hip is found stable. September 25, 2015 noted the right knee with two plus effusion; ROM is 5 degrees to 85 degrees; pain and crepitus; guarding; and walking with antalgic gait. Medication: Cymbalta 90mg, Klonopin. Diagnostic: radiography study June 30, 2015, UDS. Treatment: noted with failed nonoperative treatment including: NSAIDs, DME use of cane, physical therapy, intraarticular injections. There is recommendation for surgical intervention September 25, 2015: physical therapy participation treating right hip. On October 02, 2015 a request was made for sub-acute rehabilitation center that was noncertified by Utilization Review on October 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sub-acute rehabilitation center: 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), Treatment in Workers Compensation (TWC), Knee and Leg Procedure Summary, Online Version last updated 05/05/2015, Skilled Nursing Facility LOS (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Section: Knee, Topic: Skilled nursing facility.

Decision rationale: ODG guidelines indicate a skilled nursing facility may be necessary for multiple trauma, postoperative significant functional limitations or associated significant medical comorbidities with functional limitations that preclude management with lower levels of care. The patient has a significant neural functional limitation including inability to ambulate more than 50 feet or performing activities of daily living and the patient requires skilled nursing or skilled rehabilitation services or both on a daily basis. In this case, the injured worker has been approved for 3 days of hospitalization and 6 days for in-home physical therapy. There is no reason given why the injured worker cannot be ambulatory and independent with activities of daily living thereafter. As such, a skilled nursing facility or skilled rehabilitation center is not medically necessary.