

Case Number:	CM15-0209943		
Date Assigned:	10/28/2015	Date of Injury:	05/03/2011
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/23/2015

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 56 year old, female who sustained a work related injury on 5-3-11. A review of the medical records shows she is being treated for right knee pain. In the progress notes dated 8-14-15 and 8-27-15, the injured worker reports right knee pain. She rates 9 out of 10. On physical exam dated 8-27-15, she has decreased right knee range of motion. Treatments have included previous right knee surgery in January, 2014 and medications. The provider notes the x-rays of the right knee and tibia reveals "no loosening of the components." Current medications include Norco. She is not working. The treatment plan includes a request for a right knee manipulation under anesthesia. In the Utilization Review dated 10-19-15, the requested treatment of acute inpatient rehabilitation center for post-operative care post right knee manipulation under anesthesia is modified to acute inpatient rehabilitation center for post-operative care post right knee manipulation under anesthesia x 5 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute in-patient rehabilitation center for post-operative care post right knee manipulation under anesthesia: 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), Knee and Leg, Hospital length of stay (LOS).

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. The injured worker is undergoing an open procedure on the knee consisting of manipulation under anesthesia, open lateral release, lysis of adhesions and quadricepsplasty for management of chronic stiffness after a total knee arthroplasty. Utilization review has certified 5 days of hospitalization for this procedure. There is no reason given as to why the injured worker will not be independent at that time with range of motion and strengthening. As such, the request for a skilled rehabilitation center is not medically necessary.