

Case Number:	CM15-0029066		
Date Assigned:	02/23/2015	Date of Injury:	05/27/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 female patient, who sustained an industrial injury on 05/27/2013. A primary treating office visit dated 12/05/2014 reported the patient currently working regular work duty. The following diagnoses are applied; status post left knee arthroscopy for meniscus tear and post-traumatic osteoarthritis. The patient underwent a left total knee arthroplasty on 01/16/2015. A request was made for rehabilitation at a skilled nursing facility, inpatient, number of days unspecified. On /01/27/2015, Utilization Review, modified the request to 7 days skilled nursing facility, inpatient, noting additional length of stay will require documentation of necessity. On 02/17/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility rehabilitation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee and leg (updated 10/27/14), skilled nursing facility (SNF) care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Skilled Nursing Facility.

Decision rationale: ODG criteria for a skilled nursing facility include hospitalization for at least 3 days for major surgery including a total knee replacement, physician certification of need due to postoperative functional limitations or significant medical comorbidities that preclude management with lower levels of care, inability to ambulate more than 50 feet or perform activities of daily living such as self-care or eating or targeting, and necessity for skilled nursing or skilled rehabilitation services on a daily basis for at least 5 days per week requiring professional personnel such as nurses, physical therapists, and occupational or therapists. The patient must be able to benefit from and participate with at least 3 hours per day of physical therapy and there are no outpatient management options. The injured worker underwent a total knee arthroplasty. The documentation provided indicates that skilled nursing facility was certified for 7 days. The request as stated is for skilled nursing facility rehabilitation (number of days unspecified). There is no documentation submitted indicating need for the skilled nursing facility after 7 days. The request as stated is non-specific and as such, the medical necessity of the request has not been substantiated.