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| Case Number: | CM15-0214106 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 07/22/2003 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female who sustained an industrial injury on 07-22-2003. Medical records indicated the worker was status post left total knee replacement surgery 09-28-2015. In the provider notes of 10-01-2015, the worker was doing well postoperatively, using a walker, and had weight bearing to tolerance on the left side. The plan at that time was continuation with her Continuous passive motion machine and home physical therapy. On 10-03-2015, she was noted to require maximum assist for transfers, was walking 30 feet with front wheeled walker and minimal assist. Pain was rated a 4-8 on a scale of 10, and active range of motion was 35 to 60 degrees. The plan of care was for admission to skilled nursing facility inpatient rehabilitation for 4 weeks. A request for authorization was submitted for: 1. Post-op In-patient SNF hospital stay x4 weeks. 2. Post op physical/occupational therapy Qty: 20.00. A utilization review decision 10-08-2015 denied both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op In-patient SNF hospital stay x4 weeks: 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, Skilled Nursing Facility care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Skilled nursing facility (SNF) care Knee & Leg Chapter, under Skilled nursing facility LOS.

Decision rationale: The patient presents with painful left knee. The request is for POST-OP IN-PATIENT SNF HOSPITAL STAY X4 WEEKS. The request for authorization form is undated. The patient is status post left total knee replacement, 09/28/15. Patient's diagnosis includes degen joint disease left knee; osteoarthritis, unspecified whether generalized or localized, lower leg. The patient is doing well postoperatively, ambulating with a walker, weight bearing to tolerance on the left side. She will continue with her CPM at home to increase daily to maximum flexion. Patient's medication includes Aspirin. ODG Guidelines, Knee & Leg Chapter, under Skilled nursing facility (SNF) care Section states, "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. 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." ODG Guidelines, Knee & Leg Chapter, under Skilled nursing facility LOS (SNF) Section states, "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." Per inter-facility transfer report, date unspecified, treater notes, "Current Functional Status: Does this person have serious difficulty walking and climbing stairs Yes on 09/30/2015; Does this person have difficulty dressing or bathing Yes on 09/30/2015." In this case, given the patient's condition, the request for SNF would appear to be reasonable. Review of provided medical records show the patient is status post total knee replacement and was hospitalized for three days. However, the request for 4 weeks SNF would exceed what is recommended by ODG. Guidelines support up to 18 days in a skilled nursing facility (SNF) following 3-4 days acute hospital stay for arthroplasty. Therefore, the request IS NOT medically necessary.

Post op physical/occupational therapy Qty: 20.00: Overturned

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

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

Decision rationale: The patient presents with painful left knee. The request is for POST OP PHYSICAL/OCCUPATIONAL THERAPY QTY: 20.00. The request for authorization form is

undated. The patient is status post left total knee replacement, 09/28/15. Patient's diagnosis includes degen joint disease left knee; osteoarthritis, unspecified whether generalized or localized, lower leg. The patient is doing well postoperatively, ambulating with a walker, weight bearing to tolerance on the left side. She will continue with her CPM at home to increase daily to maximum flexion. Patient's medication includes Aspirin. MTUS post-surgical guidelines, pages 24-25, Knee Section recommends: "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months." Treater does not discuss the request. In this case, the patient is within the postsurgical treatment period. And patient continues with knee pain. Given the patient's condition, continued short course of Physical/Occupational Therapy would appear to be indicated. Review of provided medical records show the patient previously had 4 visits of Physical/Occupational Therapy. MTUS supports 24 visits over 10 weeks. The request for 20 additional visits of Physical/Occupational Therapy is within MTUS guidelines for this postsurgical condition. Therefore, the request IS medically necessary.