

Case Number:	CM15-0218396		
Date Assigned:	11/10/2015	Date of Injury:	01/28/2009
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Illinois, California, Texas

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:

This injured worker is a 67-year-old female who sustained an industrial injury on 1/28/09, relative to a fall. Past medical history was positive for low thyroid, high cholesterol, breast cancer, and anxiety. Past surgical history was positive for right total hip replacement in May 2015. Right knee x-rays on 6/30/15 demonstrated end-stage bone-on-bone osteoarthritis. Conservative treatment had included physical therapy, anti-inflammatories, cane, intra-articular injections, medication management, and activity modification. The 9/25/15 treating physician report cited persistent diffuse right knee pain that had failed operative and non-operative treatment. Functional difficulty was noted in walking, sleeping, and performing activities of daily living. Physical exam documented antalgic gait. Right knee exam documented 2+ effusion, range of motion 5-95 degrees, painful crepitus, joint line tenderness, and guarding. X-rays showed joint space narrowing, subchondral sclerosis, and osteophyte formation with bone-on-bone articulation. The treatment plan recommended total knee replacement, 3-day inpatient hospital stay, and then a 2-week stay at a subacute rehab facility. Durable medical equipment was requested to include 2 weeks of a continuous passive motion unit and 2 weeks of a cold therapy unit after surgery. Records documented that a right total knee replacement with computer navigation had been certified and scheduled for 10/28/15. She had been approved for a 3-day inpatient hospital stay, 6 in-home physical therapy visits, and 6 days of daily home nurse visits. The 10/28/15 utilization review non-certified the request for post-operative stay in a subacute rehabilitation facility as there was limited evidence of significant complicating factors that suggest the injured worker would not be able to be discharged home with home health care following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacute Rehab 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) Knee and Leg Procedure Summary updated 5/5/2015 Skilled Nursing Facility LOS (SNF).

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

Decision rationale: The California MTUS does not provide length of stay recommendations for subacute rehab facility stay, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a skilled nursing facility as an option following total knee replacement, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation needs, patient ability to participate with rehabilitation, and documentation of continued progress with rehabilitation goals. Guideline criteria have not been met. The current medical necessity of subacute rehab admission is not documented relative to functional limitations expected post-operatively that would preclude discharge to home. Records indicated that 6 daily home health nursing visits and 6 visits of home health physical therapy had been approved. There is no compelling rationale presented to support the medical necessity of subacute rehab over discharge to home with home health care. Therefore, this request is not medically necessary.