

Case Number:	CM15-0221718		
Date Assigned:	11/17/2015	Date of Injury:	11/11/2002
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/11/2015

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 56-year-old female who sustained an industrial injury on 11/11/02. The mechanism of injury was not documented. She underwent right total knee arthroplasty with subsequent total knee revision in 2007, left total knee arthroplasty on 3/30/09, and left shoulder arthroscopic rotator cuff repair with subacromial decompression and SLAP tear debridement on 2/9/11. The 7/15/15 dynamic fluoroscopic examination report findings documented revision of the left knee with well-positioned total knee components. There was a 5-7 mm laxity present with varus and valgus stress. Range of motion was 0-120 degrees. There was gross instability sagittally with more than 2 cm of anterior posterior drawer translation. The femoral and tibial components appeared to be stable on bone. The 10/7/15 treating physician report cited worsening left knee pain and swelling. She felt there was fluid on the knee and was no longer able to wear her brace due to swelling. Right knee exam documented moderate effusion, warmth to touch, and diffuse tenderness. Gait was stiff legged, military style guarding against instability. Fluoroscopic findings documented the right total knee components to be well positioned with gross instability noted in the coronal and sagittal planes. The injured worker presented with continued right knee pain with apparent failure of polyethylene that will require synovectomy and revision of the polyethylene. A request for revision right total knee with associated surgical requests, including 3 day inpatient stay and 3 weeks of in-home physical therapy was approved in utilization review on 10/19/15. Records indicated that surgery was scheduled for 11/30/15. Authorization was requested on 11/3/15 for a 6-week post-operative skilled nursing stay. The 11/10/15 utilization review modified the request for a 6-week skilled nursing facility stay to a 2-week stay consistent with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility stay for 6 weeks post -operative right total knee revision: 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 & Leg Chapter, 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 (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 skilled nursing facility (SNF) stay, status post total knee joint replacement. The Official Disability Guidelines 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. Guideline criteria have not been met for an extended skilled nursing facility stay. This injured worker was scheduled to undergo revision total knee replacement on 11/30/15. Functional difficulty was documented relative to instability and pain. The original utilization review approved in-home physical therapy. There was no rationale provided for the requested SNF stay in the available records. The 11/10/15 utilization review modified this request to a 2-week stay consistent with guidelines. Additional length of stay would require documentation of on-going functional limitations and ongoing skilled nursing and / or rehabilitation care needs, as well as progress towards goals. There is no compelling rationale to support an exception to guidelines at this time. Therefore, this request is not medically necessary.