

Case Number:	CM15-0031388		
Date Assigned:	02/24/2015	Date of Injury:	05/18/2011
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 55 year old male who sustained an industrial injury on 05/18/2011. Diagnoses include tricompartmental osteoarthritis of the left knee, worst medial, and degenerative disc disease of the lumbar spine. Treatment to date has included medications, steroid injections viscosupplemental injections, physical therapy, acupuncture, chiropractic sessions and activity modifications. The injured worker has had two arthroscopies. A physician progress note dated 01/23/2014 documents the injured worker has limited range of motion in the left knee, crepitus, and tender in the joint line medial greater than lateral. The injured worker has trouble walking and pain at night. Treatment requested is for Skilled Nursing Facility for 10 Day Stay. Magnetic Resonance Imaging done on 12/08/2013 showed abnormality of the posterior horn of the medial meniscus representing meniscal degeneration with an underlying tear. Severe medial joint space narrowing is present. Grade II signal is seen in the lateral meniscus. Suggest confirmation with a Magnetic Resonance Imaging arthrogram. There is thickening of the medial collateral ligament. The lateral collateral ligament appears intact. On 02/03/2015 Utilization Review non-certified the request for Skilled Nursing Facility for 10 Day Stay and cited was Official Disability Guidelines (ODG) - TWC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing Facility for 10 Day Stay: 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)- TWC.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "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." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is for non-certification. Therefore, the request is not medically necessary.