

<b>Case Number:</b>	CM15-0032787		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 58-year-old female, who sustained an industrial injury on 4/20/2010, after a fall. The diagnoses have included flat foot. Treatment to date has included surgical (1/08/2013-right partial medial and lateral meniscectomy, removal of loose bodies, chondroplasty, 5/23/2013-right partial meniscectomy, chondroplasty, and 1/06/2015-right tripe arthrodesis, right percutaneous Achilles tendon lengthening) and conservative measures. On 1/22/2015, the injured worker reported improvement in pain and was working on mobility at the rehabilitation facility. Examination of the right ankle and foot revealed a well-healed incision. Range of motion was normal, strength was 5/5 throughout, and sensation was normal. Weight-bearing status was non-weight bearing, except touchdown weight bearing for transfers. Treatment plan included continued mobility training. On 2/06/2015, Utilization Review non-certified a retroactive skilled nursing facility stay (1/24/2015-2/02/2015) for the right ankle, and non-certified a continued skilled nursing facility stay (beyond 2/02/2015) for the right ankle, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro SNF admission and stay 1/24/15-2/2/15 right ankle:** Upheld

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

**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, Skilled nursing facility (SNF) care section.

**Decision rationale:** The MTUS Guidelines do not address the use of skilled nursing facility (SNF) care. The ODG recommends the use of SNF care after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. The criteria for SNF care includes (1) 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, (2) A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit), (3) The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting), (4) The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week, (5) Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options), (6) The skilled nursing facility is a Medicare certified facility. The medical records indicate that the injured worker was in a wheel chair following surgery, but the necessity of SNF care has not been addressed or discussed and medical necessity has not been established within the recommendations of the ODG. The request for retro SNF admission and stay 1/24/15-2/2/15 right ankle is determined to not be medically necessary.

**Continued SNF stay beyond 2/2/15 right ankle:** Upheld

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

**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, Skilled nursing facility (SNF) care section.

**Decision rationale:** The MTUS Guidelines do not address the use of skilled nursing facility (SNF) care. The ODG recommends the use of SNF care after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. The criteria for SNF care includes (1) 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, (2) A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant

functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit), (3) The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting), (4) The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week, (5) Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options), (6) The skilled nursing facility is a Medicare certified facility. The medical records indicate that the injured worker was in a wheel chair following surgery, but the necessity of SNF care has not been addressed or discussed and medical necessity has not been established within the recommendations of the ODG. The request for continued SNF stay beyond 2/2/15 right ankle is determined to not be medically necessary.