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| Case Number: | CM15-0039945 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/05/2006 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 61 year old female, who sustained a work related injury on 7/5/06. The diagnoses have included degenerative joint disease left knee and status post right knee surgery. Treatments to date have included MR Arthrogram left knee dated 8/19/14, anti-inflammatories and intra-articular viscosupplementation injections. In the follow-up visit note dated 10/27/14, the injured worker complains of left knee pain. The pain is worse with activity and improves with rest but still painful. The pain causes her to wake up at night. She has limited range of motion with left knee. The treatment plan is the orders for many postoperative needs including an inpatient stay in a skilled nursing facility following left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient acute rehab stay skilled nursing facility x 2 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), Online Edition, Chapter: Knee and Leg, Skilled Nursing Facility (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Admission Criteria Anthem BC/BS UM guidelines (http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a051177.htm).

Decision rationale: This patient has a date of injury of 07/05/06 and presents chronic bilateral knee pain. The patient is status post TKR of the right knee in July 2012. The current request is for inpatient acute rehab stay skilled nursing facility x2 weeks. The treating physician states that the patient requires left knee total replacement surgery as the patient has tricompartmental DJD with crepitus, effusion and limited ROM. ACOEM, MTUS and ODG guidelines do not discuss in-patient nursing facilities. For Skilled Home Health Care Nursing Services Anthem has the following: Acute inpatient rehabilitation services are medically necessary when all of the following are present: 1. Individual has a new (acute) medical condition or an acute exacerbation of a chronic condition that has resulted in a significant decrease in functional ability such that they cannot adequately recover in a less intensive setting; AND 2. Individual's overall medical condition and medical needs either identify a risk for medical instability or a requirement for physician and other personnel involvement generally not available outside the hospital inpatient setting; AND 3. Individual requires an intensive inter-disciplinary, coordinated rehabilitation program (as defined in the description of service) with a minimum of three (3) hours active participation daily; AND 4. Individual is medically stable enough to no longer require the services of a medical/surgical inpatient setting; AND 5. The individual is capable of actively participating in a rehabilitation program, as evidenced by a mental status demonstrating responsiveness to verbal, visual, and/or tactile stimuli and ability to follow simple commands. For additional information regarding cognitive status, please refer to the Rancho Los Amigos Cognitive Scale (Appendix B); AND 6. Individual's mental and physical condition prior to the illness or injury indicates there is significant potential for improvement; (See Note below) AND 7. Individual is expected to show measurable functional improvement within a maximum of seven (7) to fourteen (14) days (depending on the underlying diagnosis/medical condition) of admission to the inpatient rehabilitation program; AND 8. The necessary rehabilitation services will be prescribed by a physician, and require close medical supervision and skilled nursing care with the 24-hour availability of a nurse and physician who are skilled in the area of rehabilitation medicine; AND 9. Therapy includes discharge plan. In this case, this patient does not meet the criteria set forth by Anthem to establish the medical necessity of rehabilitation in an inpatient nursing facility. Furthermore, the treating physician is requesting care at an inpatient nursing facility for rehab, but does not discuss why post-operative care could not be managed by the PTP or operating physician. This request IS NOT medically necessary.