

Case Number:	CM15-0047504		
Date Assigned:	03/19/2015	Date of Injury:	11/19/2013
Decision Date:	05/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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:

The injured worker is a 58-year-old male who sustained an industrial injury on 11/19/13. Past surgical history was positive for left shoulder arthroscopy on 10/17/07, two prior right knee arthroscopic surgeries, and a left knee arthroscopy on 5/29/14. Past medical history was positive for L4/5 disc degeneration with foraminal stenosis and right sciatica. Weight bearing x-rays on 1/20/15 showed moderate bilateral medial compartment degenerative joint disease with medial plateau sclerosis. There was sharpening of the tibial spines and patellar margins bilaterally. There was suprapatellar soft tissue calcification on the right, which could represent osteochondromatosis. The 1/26/15 treating physician report cited grade 9/10 right knee pain. Pain was primarily along the medial joint line. He was able to walk less than one block and was unable to walk without knee brace. Arthroscopic surgeries and corticosteroid injections provided only temporary limited relief. Right knee exam documented varus alignment, palpable osteophytes, medial and lateral tenderness, range of motion 5-110 degenerative and mild crepitation. The diagnosis was end-stage degenerative joint disease of the right knee. The treatment plan recommended total knee arthroplasty, physical therapy, and a short stay in a rehab center. The 2/11/15 utilization review certified the request for right total knee arthroplasty, and modified the request for skilled nursing facility 1 to 2 weeks or home health and physical therapy/occupational therapy 2 times per week for 4 weeks, to home health PT/OT 2 times per week for 4 weeks. The rationale indicated that there were limited medical risk factors noted in the records to justify the medical necessity of a skilled nursing facility. The 2/23/15 treating physician report appeal letter for a 1 to 2 weeks stay in a skilled nursing facility stated that the

patient was likely to need this level of care as he has concurrent back problems, bilateral knee issues and shoulder issues. Additionally, his home situation is not amenable for him to go home due to the fact that his wife was disabled no unable to fully care for him. The patient did not feel he would be able to recover adequately with direct discharge to home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility 1-2 weeks: Overturned

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.

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, 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 stay, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a SNF 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, documentation of continued progress with rehabilitation goals. Guideline criteria have been met. This patient has significant orthopedic co-morbidities that present functional barriers to discharge directly to home. Additionally, he lacks assistance at home to fully manage essential activities of daily living. This request for 1 to 2 week admission to skilled nursing is consistent with guidelines. Therefore, this request is medically necessary.