

Case Number:	CM15-0049691		
Date Assigned:	03/23/2015	Date of Injury:	08/01/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45-year-old male, who sustained an industrial injury on 8/01/2013. He reported a fall off a deck and subsequent electrical pain in both knees. The injured worker was diagnosed as having status post right anterior cruciate ligament surgery on 2/27/2015 and status post right knee arthroscopy on 1/29/2014. Treatment to date has included both surgical and conservative measures. Physical therapy sessions were noted from 2/2014 through 7/2014. A current post-operative physical examination of the injured worker, along with the rationale for the requested skilled nursing facility treatment, was not noted. Post-operative physical therapy notes from 2015 were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee guidelines and SNF pg 61.

Decision rationale: According to the guidelines, Criteria for skilled nursing facility care (SNF): 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. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, postoperative 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). 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). The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. 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). The skilled nursing facility is a Medicare certified facility. In this case, the details surrounding the post-operative time frame as well as the need for skilled nursing was not specified. Length of SNF use was not noted. The request was not substantiated and is not medically necessary.