

Case Number:	CM15-0061401		
Date Assigned:	04/07/2015	Date of Injury:	03/11/2012
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a year old female, who sustained an industrial injury, March 11, 2012. The injured worker previously received the following treatments CPM (continuous range of motion machine) at home, physical therapy, pain medication and Colace. The injured worker was diagnosed with right total knee replacement. According to progress note of March 31, 2015, the injured workers chief complaint was right knee pain status post right knee replacement with complications on February 25, 2015. The injured worker was in the hospital for two weeks postoperative in a straight knee brace and antibiotic therapy. The physical exam noted injured worker walking with a wheeled walker. The right knee was warm and tender to the touch. The range of motion was flexion of 5 degrees and extension of 5-10 degrees. The injured worker had significant quadriceps atrophy from postoperative complications. The treatment plan included acute rehabilitation for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute rehabilitation x4 weeks for the right knee: 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), Knee Chapter, Skilled Nursing facility (SNF).

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

Decision rationale: ODG states, "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. (Dejong, 2009) (DeJong, 2009) See also Hospital length of stay (LOS). For patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. (Dejong, 2009) Except this study found an extensive day rehab program to be as good. (Kathrins, 2013) See also Home health services and Skilled nursing facility (SNF) care Criteria in blue." While the patient is status post knee replacement and would benefit from more intensive rehabilitation, the requested time line of 4 weeks is in excess of guideline recommendations. As such the request for Acute rehabilitation x4 weeks for the right knee is not medically necessary.