

Case Number:	CM15-0086377		
Date Assigned:	05/08/2015	Date of Injury:	12/14/2012
Decision Date:	06/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 was a 53 year old male, who sustained an industrial injury, December 14, 2012. The injured worker previously received the following treatments left hip MRI, 5 physical therapy treatments did not help, Gabapentin, Tizanidine and cane. The injured worker was diagnosed with lumbosacral strain, chronic right greater trochanteric bursitis and degenerative osteoarthritis of the left hip, degenerative joint disease of the left hip, traumatic arthritis of the left and right hip. According to progress note of March 11, 2015, the injured workers chief complaint was the left hip was locking several times a month. The injured worker rated the pain at 5 out of 10 in the left hip. The physical exam noted bilateral antalgic gait. The injured worker was able to flex both hips 90 degrees. The external rotation of the left hip was 10 degrees, abduction was 20 degrees and adduction was 5 degrees without significant discomfort. According to the progress note of March 20, the injured worker had tenderness with palpation over the anterior left hip and left groin. The pain was aggravated by transition from seating to standing, extended periods of standing and extended periods of walking. The injured worker walked with a cane in the right hand. There was decreased range of motion abnormal x-rays and abnormal MRI results. The injured worker was marries with children. The treatment plan included postoperative stay inpatient skilled facility for 7 days after a left hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 days - Post Operative Stay In A Skilled Nursing Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Hospital Length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Skilled nursing facility LOS (SNF).

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF): "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." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is not medically necessary.