

Case Number:	CM14-0114793		
Date Assigned:	09/16/2014	Date of Injury:	11/18/1996
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64-year-old female who injured her left knee in work-related accident on 11/18/96. The medical records provide for review document that following a course of conservative care, the claimant underwent total knee joint arthroplasty in July 2011. Postoperatively, the claimant has had continued complaints of pain. The report of the May 2014 bone scan identified loosening of the tibial component. The Utilization Review determination authorized revision of the total knee arthroplasty as well as multiple perioperative requests including 10 initial days at a skilled nursing facility. This review is for additional perioperative requests for four additional skilled nursing facility days and home health care for six hours per day for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide/certified nurse, four to six hours per day for two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for home health aide/certified nurse, four to six hours per day for two weeks cannot be recommended as medically necessary. The medical documentation does not identify what the home health aide would provide in terms of care for the claimant. There is also no documentation to support that the claimant would be homebound for the requested two-week period of time. The claimant has already been approved for an inpatient hospital stay and a ten day inpatient stay at a skilled nursing facility. The request for home healthcare in this case would be at roughly one month after the surgery. Without documentation that the claimant would be homebound at that time or the specific services the home health aide is to perform, the request cannot be recommended as medically necessary.

Inpatient acute rehab stay vs SNF placement for assistance with ADL's for four days:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: knee procedure - 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 rehabilitati

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for an additional four days of skilled care cannot be recommended as medically necessary. The medical records document that the claimant has already been authorized to have 10 days of inpatient rehabilitation. The Official Disability Guidelines recommend no more than 6-12 days of inpatient rehabilitation. The additional request of four days of skilled inpatient rehabilitation would exceed the Official Disability Guidelines and would not be indicated.