

Case Number:	CM14-0125192		
Date Assigned:	08/11/2014	Date of Injury:	05/10/2010
Decision Date:	09/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, 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:

This 63 year-old male truck driver sustained an injury on 5/10/10 when unloading mattresses off the back of truck and fell while employed by [REDACTED]. Request(s) under consideration include skilled nursing facility. Report of 12/13/13 from the provider noted X-rays of right knee showed grade III loss of cartilage of medial compartment with osteophyte formation; loss of articular surface of patellofemoral articulation. MRI noted tendinitis of patella and quadriceps, medial collateral ligament tendinitis with hyperextension, obliteration of posterior horn of medial and lateral menisci with inflammation of PCL/ACL. The provider noted the patient will need knee arthroplasty for extensive degenerative osteoarthritis of right knee. Report of 6/16/14 noted the patient was status post right shoulder rotator cuff repair on 3/27/14. Symptoms included persistent knee discomfort and grinding. Exam showed tenderness and swelling, crepitus and small effusion; range of motion was 0-130 degrees. Treatment recommendation included right unicompartmental arthroplasty with arthroscopy along with postoperative skilled nursing facility stay. The request(s) for skilled nursing facility was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for knee replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Skilled Nursing Facility, pages 347-348.

Decision rationale: ODG Guidelines for skilled nursing criteria include hospitalization for at least 3 days for major or multiple trauma, or major surgery; significant new functional limitation such as the inability to ambulate more than 50 feet, or perform ADLs; associated significant medical comorbidities with new functional limitations (e.g. COPD, heart disease, ventilator support, spinal cord injury, significant head injury with cognitive deficit); require skilled nursing and rehabilitation services on a daily basis or at least 5 days per week, with at least 3 hours per day of physical therapy, occupational therapy, and/or speech therapy; and Treatment 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). It is not clear whether the patient has undergone the proposed surgical procedure, which upon that time can determine whether the patient sustained complication with slow progress and functional limitations requiring skilled nursing sessions. It is also unclear what specific skilled nursing procedures are needed as the reports have not documented any co-morbid medical history or limitations to self-manage in activities of daily living that would require skilled nursing. As such, the request is not medically necessary.