

Case Number:	CM14-0141844		
Date Assigned:	09/10/2014	Date of Injury:	07/17/2011
Decision Date:	12/12/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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 patient is a 62 year old male who was injured on 07/17/2011. The mechanism of injury is unknown. Prior medication history included Bactrim and Norco. Prior treatment history has included physical therapy and occupational therapy. Progress report dated 08/09/2014 states the patient complained of dizziness upon rising from a seated position and he had not had a bowel movement. The patient was noted to have had a left total knee arthroplasty. He is unable to provide self care for himself and is at risk for fall as listed under his active problems. The patient is diagnosed with left knee end-stage osteoarthritis, status post total knee arthroplasty. There is no documentation stating the patient was able to ambulate 20 feet as stated in the UR. On 08/12/2014, he reported he felt much better since his last visit. His issues or complaints were unchanged from previous note. His exam revealed no significant findings. He was recommended for a skilled nursing facility. Prior utilization review dated 08/20/2014 states the request for Retrospective review for skilled nursing facility unspecified frequency and duration (8/9-8/12) is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for skilled nursing facility unspecified frequency and duration (8/9-8/12): 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 Official Disability Guidelines (ODG), Knee and Leg, Skilled Nursing Facility

Decision rationale: CA MTUS is silent regarding the request. The ODG recommends skilled nursing facility after hospitalization when a patient requires skilled nursing or skilled rehabilitation on a 24-hour basis. Generally the services provided are skilled nursing such as intravenous antibiotics or physical therapy and correcting strength/balance deficiencies. The clinical documents did not clarify the indication for skilled nursing. It is unclear if the patient required skilled nursing or skilled therapy. The patient's criteria to meet a skilled nursing facility are not clear from the documents provided and it appears the patient was suitable for a lower level of care. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.