

<b>Case Number:</b>	CM14-0143722		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/21/1997
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Pennsylvania. 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 60-year-old female who was injured in a work related accident on 04/21/97. The clinical records provided for review document that the claimant had previously undergone bilateral total knee arthroplasty procedures. There was documentation that due to infection, the right knee implant was surgically removed on 05/21/14 to include excisional arthroplasty with insertion of an antibiotic cement spacer. A postoperative progress report on 07/14/14 did not document any signs or symptoms consistent with infection or cultures reports positive for candida. Treatment recommendation was for serial monitoring of blood work, a hinged knee brace, and internal medicine reassessment. The claimant was scheduled for reimplementation surgery on 08/05/14. It was documented that at the time the claimant was unsafe to go home due to her clinical setting. There is a current request for skilled nursing facility stay between 07/22/14 and 08/05/14 and prospective review for a skilled nursing stay for six weeks for IV antibiotics and physical therapy following revision surgery for implementation of the prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled nursing facility for IV (Intravenous) antibiotic therapy, QTY: 6 weeks: 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), Treatment in Workers Compensation (TWC): Knee and Leg Procedure Summary last updated 06/05/2014

**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 Worker's Comp, 18th Edition, 2013 Updates: knee procedure

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for six weeks of skilled nursing following reimplementation arthroplasty cannot be recommended as medically necessary. While it is documented that the claimant required IV intravenous antibiotic therapy following revision implementation, it would be unclear as to why a full six weeks of skilled nursing would be necessary and why insertion of a PICC line would not be more appropriate for this individual for home care treatment. Given the requested timeframe skilled nursing would exceed guideline criteria, the request in this case would not be supported as medically necessary.