

Case Number:	CM14-0086364		
Date Assigned:	07/23/2014	Date of Injury:	06/05/2001
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The underlying date of injury in this case is 06/05/2001. The date of the utilization review under appeal is 05/22/2014. The reported diagnoses include arthritis of the right knee and a knee sprain/strain. A primary treating physician's supplemental report of 03/26/2014 noted that the patient is 66 years old and had been authorized to undergo a right total knee arthroplasty. The treating physician requested postoperative care at that time to include a 3-night stay in the hospital, raised toilet seat, wheeled walker, bedside commode, and a continuous passive motion machine rental. An initial utilization review references a physician note of 05/22/2014; however, that note has not been provided at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute inpatient rehab stay for ten (10) days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg, Skilled nursing facility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss criteria for acute inpatient rehabilitation admission. The criteria for acute inpatient rehabilitation

admission are established by Medicare and typically are adopted by commercial and Workers' Compensation insurers. These criteria require a detailed functional assessment of the patient in a postoperative setting in order to establish whether there are specific goals requiring an acute inpatient level of care. In this case, the medical records submitted are very limited. There is no documentation in the available records at this time that the surgery was completed or that the patient underwent subsequent physical or occupational therapy or rehabilitation assessment after such surgery. Therefore, at this time there is insufficient information provided to determine that acute inpatient rehabilitation would be indicated or beneficial. This request is not medically necessary.