

Case Number:	CM15-0014244		
Date Assigned:	02/02/2015	Date of Injury:	08/13/2010
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 59-year-old male who reported an injury on 08/12/2010 due to an unspecified mechanism of injury. On 01/26/2015, he presented for a followup evaluation regarding his work related injury. He reported that his right hip was doing alright but that if he sat more than 30 minutes he would feel pain in the anterior side of the hip around to the buttocks. He ambulated with a cane to keep pressure off his left knee and experienced numbness and pain in the feet in the morning after daily walking. He also continued to have left knee pain. A physical examination showed 4/5 strength in the abductor muscles and a Trendelenburg gait on the right. There was no numbness in the anterior leg area. There was moderate varus deformity with obvious swelling and there was primarily medial joint line tenderness but palpable tenderness over the lateral collateral ligament and pain in the medial aspect of the patella. She had 5/5 motor strength in the quadriceps and hamstrings as well as ankle and foot dorsiflexors and plantar flexors. Range of motion was documented as -10 degrees to 120 degrees and he had positive patellar grind. He was diagnosed with knee degenerative joint osteoarthritis, joint pain in the left leg, hip arthralgia, genuvarum and varus deformity, joint replacement of the hip, osteoarthritis of the hip, and knee joint crepitus. It was recommended that he undergo a left total knee arthroplasty. A request was made for skilled nursing facility x 2 weeks postoperative left TKR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility x 2 week's post-operative left TKR: 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 and leg

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: The Official Disability Guidelines indicate that skilled nursing facilities are recommended if necessary after hospitalization when the injured worker requires skilled nursing or skilled rehabilitation services or both on a 24 hour basis. The documentation provided does not indicate that the injured worker requires skilled nursing or rehabilitative services on a 24 hour basis. Also, no documentation was submitted following surgery. He has not been able to care for himself or that he does not have help at home. Therefore, the request is not supported. As such, the request is not medically necessary.