

Case Number:	CM15-0113767		
Date Assigned:	06/22/2015	Date of Injury:	12/02/2010
Decision Date:	07/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 was a 63 year old female, who sustained an industrial injury, December 2, 2010. The injured worker previously received the following treatments left ankle MRI, left ankle CT scan, physical therapy, Norco, cane, scooter and Mobic. The injured worker was diagnosed with osteoarthritis of the ankle and foot, degenerative joint disease of the left ankle and status post left ankle fusion. According to progress note of April 21, 2015, the injured worker's chief complaint was pain on the left side. The injured worker had a ligament reconstruction following the accident that failed to relieve the symptoms. The symptoms occurred constantly. The injured worker reported the symptoms currently were severe. The symptoms were aggravated by daily activities. The injured worker has arthritis in the left ankle. The physical exam noted the injured worker walked with an antalgic gait. There was tenderness of the anterior left ankle and crepitus. There was limited flexibility of the left ankle. There was no range of motion with dorsiflexion active or passive, planter-flexion active was 30 degrees and passive was 30 degree. According to the progress note of May 22, 2015, the injured worker walked with a cane, used a scooter at work. The pain was aggravated by prolonged walking or standing. The treatment plan included post-operative skilled nursing and left ankle MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative skilled nursing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/30/15) Online Version Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is not medically necessary.

Associated surgical service: MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle.

Decision rationale: Per the CA MTUS/ACOEM, Chapter 14 Ankle and Foot complaints, page 374, magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. According to the ODG criteria, Ankle and Foot Complaints, Imaging MRI, criteria includes workup with foot pain when plain films are negative. In this case the total ankle replacement is approved and a recent MRI was done 4/6/15. There is no documented reason why another MRI is needed prior to surgery. Based on this, the request is not medically necessary.