

<b>Case Number:</b>	CM15-0116818		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 61 year old male, who sustained an industrial injury on 12/02/2013. He has reported injury to the left knee. The diagnoses have included left knee osteoarthritis; left knee degenerative joint disease; and status post left total knee arthroplasty, on 04/09/2015. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Norco. A progress report from the treating physician, dated 05/14/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of slight pain and inflammation of the left knee, post surgery; left knee is swollen; outside of knee is numb; pain increases on patella; he is unable to walk without the walker; he is attending therapy with benefit; and he and progressed since surgery. Objective findings included left knee decreased range of motion; and there is moderate effusion and slight erythema and warmth over lateral release. The treatment plan has included the request for skilled nursing facility (SNF) extension stay from 04/20/2015-05/15/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled nursing facility (SNF) extension stay from 4/20/15-5/15/15: 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), Skilled nursing facility care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Skilled nursing facility LOS (SNF) and inpatient rehabilitation facility (IRF).

**Decision rationale:** ODG states "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. (DeJong, 2009) (DeJong, 2009) See also Hospital length of stay (LOS). For patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. (DeJong, 2009) Except this study found an extensive day rehab program to be as good (Kathrins, 2013) see also Home health services and Skilled nursing facility (SNF) care Criteria in blue." Patient had a total knee replacement. Guidelines support the use of skilled nursing facilities (SNFs) post knee replacement. The request is in excess of the 10-18 days guidelines allow for. The treating physician has not provided documentation to warrant treatment in excess of guidelines. As such, the request for skilled nursing facility (SNF) extension stay from 4/20/15- 5/15/15 is not medically necessary.