

Case Number:	CM15-0145543		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2010
Decision Date:	10/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 73-year-old female, who sustained an industrial injury on 4-1-10. The injured worker was diagnosed as having status post lumbar fusion, lumbago, lumbar radiculopathy and bilateral knee degenerative joint disease status post bilateral total knee replacement with persistent pain. Treatment to date has included lumbar fusion, total left knee replacement, physical therapy, cane for ambulation, oral medications including Oxycodone 10mg and Soma 350mg; activity modifications and home exercise program. Three-phase bone scan of bilateral knees performed on 6-3-15 revealed minimal periprostatic radionuclide uptake in proximal right and left tibia and clinical evaluation was recommended. Currently on 7-6-15, the injured worker complains of constant right knee pain. Work status is noted to be retired and temporarily totally disabled. Objective findings noted on 7-6-15 revealed negative bone scan for right total knee replacement worsening and lab work negative for chronic low grade infection. The treatment plan on 7-6-15 included scheduling of revision of right total knee replacement. On 7-17-15 utilization review denied 1-2 weeks of post-operative care in a rehabilitation facility due to no documentation in the medical report submitted with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative care 1-2 weeks in a rehab facility: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Official Disability Guidelines (ODG) Knee chapter and pg 54, 61.

Decision rationale: According to the guidelines, post-op for revision knee arthroplasty can require 24 visits of physical therapy. Inpatient rehabilitation is recommended for 6-12 days as an option but not requirement depending on degree of functional limitation. In this case, the claimant has significant baseline limitation with pain and requires another knee surgery. The request for inpatient rehabilitation as requested above is medically necessary and appropriate in this case due to age and need for revision.