

Case Number:	CM15-0174174		
Date Assigned:	09/16/2015	Date of Injury:	12/09/2011
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 64 year old male who sustained an industrial injury on December 9, 2011. He reported right knee pain. The injured worker was diagnosed as having obesity, status post right total knee replacement (5-2012) with delayed physical therapy, and failed right total knee arthrosis on 4-7-2014 with arthrofibrosis, and possible chronic regional pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, and surgical interventions of the right knee, physical therapy, medications, and work restrictions. Currently, the injured worker continues to report right knee pain with difficulty ambulating, kneeling, squatting and ascending stairs. Evaluation on March 6, 2015, revealed continued pain as noted. He rated his pain at 4-5 with the use of medications and 8-9 without medications on a 1-10 scale with 10 being the worst. Evaluation of right knee range of motion revealed flexion at 90 degrees and extension at 30 degrees. Evaluation on May 15, 2015, revealed continued pain. He rated his pain at 5 with medications and 7-10 without medications on a 1-10 scale with 10 being the worst. It was noted he had difficulty rising from the chair and had an antalgic gait. Medications and a diet plan were continued. It was noted urinary toxicology on April 10, 2015, revealed findings consistent with expectations. Evaluation on June 12, 2015, revealed unchanged findings since the last visit. He rated his pain at 4-5 on a 1-10 scale with 10 being the worst. It was noted medications, physical modalities, and exercises learned in physical therapy are proving effective in maintaining the injured worker's pain, level of function and activity level. Right revision total knee arthroplasty and lateral hemipatellectomy were performed on August 13, 2015. The RFA

included requests for admission to inpatient SNF on August 18, 2015, with additional length of stay X 4 weeks, and was modified by Utilization Review (UR) on August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Admission to inpatient SNF on 8/18/15 with additional length of stay X 4 weeks: 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), Knee Chapter: Skilled nursing facility LOS (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic), Skilled nursing facility (SNF) care ODG Knee & Leg (Acute & Chronic), Skilled nursing facility LOS (SNF).

Decision rationale: The cited ODG recommends up to 10-18 days in a skilled nursing facility (SNF) for injured workers following hospitalization when they require skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. The use of a SNF depends on the degree of functional limitation, ongoing skilled nursing and/or rehabilitation care needs, their ability to participate with rehabilitation, continued progress with rehabilitation goals, and availability of proven facilities. Furthermore, admission to a SNF must be immediate following the 3-4 days acute hospital stay for arthroplasty. Based on the available treating provider notes, 10-18 days in a SNF is reasonable following his right revision total knee arthroplasty with lateral hemipallectomy, as advised by Utilization Review. Therefore, based on the current guidelines and available medical records, the request for admission to inpatient SNF on 8/18/15 with additional length of stay X 4 weeks is not medically necessary and appropriate.