

Case Number:	CM15-0061863		
Date Assigned:	04/07/2015	Date of Injury:	03/17/2014
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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 57 year old male, who sustained an industrial injury on March 17, 2014. The injured worker was diagnosed as having right total knee replacement secondary to severe osteoarthritis, stage II chronic kidney disease, and left atrial enlargement. Treatment to date has included a right total knee replacement March 17, 2015, arthroscopic right knee surgeries, x-rays, physical therapy, bracing, activity modification, and medication. Currently, the injured worker complains of right knee pain. The Rehabilitation Consultation dated March 17, 2015, noted the injured worker was admitted for a right total knee replacement with intra-articular injection with platelet-rich plasma. The injured worker was being evaluated for post-operative inpatient rehabilitation. Physical examination was noted to show the right knee and leg with surgical dressings. The recommendation was to await the therapy evaluators, and if there was a significant change in function, the injured worker would be a good candidate for a trial of inpatient rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute rehab for 14 days for right knee: 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), Criteria for skilled nursing facility care (SNF).

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 on 3/17/15. Guidelines support the use of inpatient rehabilitation facilities (IRFs) post knee replacement. The request is within the 10-18 day time frame. As such, the request for Acute rehab for 14 days for right knee is medically necessary.