

Case Number:	CM15-0066830		
Date Assigned:	04/14/2015	Date of Injury:	07/05/2006
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on 07/05/2006. The injured worker is currently diagnosed as having severe left knee osteoarthritis. Treatment to date has included cortisone injections, viscous supplementation injections, and medications. In a progress note dated 03/20/2015, the injured worker presented with complaints of chronic left knee pain. The treating physician reported requesting authorization for skilled nursing facility placement status post upcoming left total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility after surgery for 2-3 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).

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.

Decision rationale: The claimant is nearly 10 years status post work-related injury and underwent a left total knee replacement. Prior to surgery she was able to ambulate with a cane. She underwent the surgery 03/26/15 and was discharged the next day to SNF level care. She was weight bearing as tolerated and was using a walker. Guidelines recommend up to 10-18 days in a skilled nursing facility or 6-12 days in an acute level rehabilitation facility if indicated as an option after knee replacement surgery. In this case, up to 21 days is being requested which is in excess of the recommended guidelines. Additionally, the claimant's surgery was uncomplicated and she has no weight-bearing restrictions. She has no apparent upper extremity functional limitation and has a unilateral lower extremity impairment. There are no identified significant comorbid medical conditions and she would be expected to progress rapidly and likely be able to return to home with continued treatment on a home-based or outpatient basis within a relatively short timeframe. Therefore, this request was not medically necessary.