

Case Number:	CM15-0068712		
Date Assigned:	04/16/2015	Date of Injury:	05/16/2014
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 71-year-old male who sustained an industrial fall injury to his bilateral knees on 05/16/2014 when he missed a step coming off a truck. The injured worker was diagnosed with osteoarthritis of bilateral knees, left knee subchondral fracture of the medial tibial plateau, left knee complex medial meniscus tear, status post left total knee replacement and right knee contusion. He has a medical history of hypertension and morbid obesity. Treatment to date included conservative measures, diagnostic testing, surgery, physical therapy and medications. The injured worker is status post left total knee replacement on March 24, 2015 with a discharge date of April 3, 2015. According to the in hospital pain management physician's progress report on April 3, 2015, the injured worker had improved ambulation with a front wheel walker and his pain was well controlled on Hydrocodone. The injured worker was tolerating an advanced diet and had a bowel movement prior to hospital discharge. Current medications are listed as Hydrocodone, Colace, Protonix, Benadryl and Zofran. Treatment plan consists of the request for admission to an acute inpatient rehabilitative service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute inpatient Rehab (no specified days of hospitalization): 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), 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 (SNF) care.

Decision rationale: The injured worker sustained a work related injury on 05/16/2014. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knees, left knee subchondral fracture of the medial tibial plateau, left knee complex medial meniscus tear, status post left total knee replacement and right knee contusion. Treatments have included surgery, physical therapy and medications. The medical records provided for review do not indicate a medical necessity for. The records indicate the injured worker had total knee replacement and after a brief stay in the hospital, a request was made for transfer to an acute inpatient rehabilitation facility. The request did not specify the duration of stay. The MTUS is silent on this topic, but the Official Disability Guidelines discusses it under Skilled Nursing Facility. The criteria for Skilled Nursing Facility include skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week; in order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. The request did not provide detailed information regarding the acute rehabilitation program. The request is not medically necessary.