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| Case Number: | CM15-0071090 | | |
| Date Assigned: | 04/21/2015 | Date of Injury: | 03/04/2011 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 3/4/11. The diagnoses have included left knee grade 4 osteoarthritis status post left knee arthroplasty and left knee tri-compartmental osteoarthritis with complex degenerative tear of the medial meniscus. Treatment to date has included medication, activity modifications, physical therapy and conservative measures. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee and x-rays of the left knee. The current medications included Ibuprofen twice daily for pain and Aleve gel. Currently, as per the physician progress note dated 2/25/15, the injured worker continues to complain of left knee pain and reports no change in condition. It was noted that he has been cleared for left total knee replacement and pending scheduling. He complains of constant pain below the left knee cap rated 8/10 and 10/10 on pain scale with activity and at night. He reports locking of the left knee, radiating pain to the left ankle, calf and foot with numbness and tingling. He also reports popping of the knee. He ambulates with a cane and walks with a limp. The objective findings revealed slow ambulation with pain in both knees, difficulty standing from a sitting position, decreased range of motion of the left knee limited by pain, tenderness, and McMurray test caused pain. The physician noted that the injured worker does not have family to take care of him and lives alone. He also noted that the injured worker is being scheduled for left total knee replacement. The physician requested treatment included Post-operative skilled nursing facility placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative skilled nursing facility placement: 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), Skilled nursing care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Skilled nursing facility (SNF) care.

Decision rationale: According to the 02/25/2015 report, this patient presents with left knee pain and is now cleared for surgery, he is pending scheduling. The current request is for Post-operative Skilled nursing facility placement after surgery for the left total knee replacement. The request for authorization was included in the file for review with no date on it. The patient's work status is modified duty with work restrictions of sedentary work only. Regarding Skilled nursing facility care, ODG guideline states "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services." The Criteria for skilled nursing facility care are (1) The patient was hospitalized for at least three days for major or multiple trauma; (2) A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations; (3) The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting); (4) The patient requires skilled nursing on a daily basis or at least 5 days per week, (5) Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options). Based on the reports provided for review, the treating physician states that the patient does not have family members to take care of him and he lives alone. In this case, it's appears reasonable for the patient to be submitted into a skilled nursing facility after surgery, as ODG guidelines do support skilled nursing facility care. The patient lives alone, and is about to undergo knee replacement with a post-operative period where there will be a significant functional decline. The request for post-op SNF care IS medically necessary.