

Case Number:	CM14-0149672		
Date Assigned:	09/18/2014	Date of Injury:	05/05/2013
Decision Date:	10/22/2014	UR Denial Date:	09/07/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old male with a 5/5/13 date of injury. At the time (8/25/14) of the request for authorization for Skilled Nursing Facility x 10 days QTY: 10, there is documentation of subjective (constant pain right knee, pain right hip and groin) and objective (right knee pain with passive range of motion, positive crepitus, tender medial and anterior, mild flexion contracture, quad strength 4/5) findings, current diagnoses (right knee medial meniscus tear, status post right knee arthroscopy 10/18/13, right knee patella tendinitis, and right knee degenerative joint disease), and treatment to date (cane, medication, and bracing). Medical reports identify the patient is pending authorization for right 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 times 10 days QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Treatment Index, 11th Edition (web), 2013, Knee & Leg, Skilled nursing facility (SNF) care

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee, Skilled nursing facility (SNF) care

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the patient was hospitalized for at least three days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip or knee replacement) and was admitted to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit); 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); the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week (skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. 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); 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); and that the skilled nursing facility is a Medicare certified facility, as criteria necessary to support the medical necessity of skilled nursing facility (SNF) care, as criteria necessary to support the medical necessity of skilled nursing facility (SNF) care. Within the medical information available for review, there is documentation of diagnoses of right knee medial meniscus tear, status post right knee arthroscopy 10/18/13, right knee patella tendinitis, and right knee degenerative joint disease. In addition, there is documentation that the patient is pending authorization for right total knee arthroplasty. However, there is no documentation that surgery has been authorized. In addition, there is no documentation that the patient was hospitalized for at least three days for major or multiple trauma, or major surgery and was admitted to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care; the patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living; the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week; treatment is precluded in lower levels of care; and that the skilled nursing facility is a Medicare certified facility. Therefore, based on guidelines and a review of the evidence, the request for Skilled Nursing Facility times 10 days QTY: 10 is not medically necessary.