

<b>Case Number:</b>	CM13-0042632		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 71-year-old male who reported an injury on 11/24/2009. The mechanism of injury was not provided for review. The injured worker underwent a total knee arthroplasty on 01/26/2011. The injured worker ultimately developed multiple infections as a result of the implantation and required revision procedures in 06/2011, 08/2011, 02/2013, and most recently on 09/30/2013. The injured worker was evaluated on 08/14/2013. It was documented that the injured worker had 2+ effusion of the right knee with significantly limited range of motion described as 10 degrees in extension to 90 degrees in flexion, with pain throughout the arc of motion, and evidence of mild instability. The injured worker was diagnosed with an infected right total knee replacement implant. A recommended was made for removal of infected components, the placement of an antibiotic cement spacer, followed by 6 weeks of IV antibiotics by infectious disease specialists. The injured worker underwent surgical intervention on 09/30/2013. On 10/01/2013, the injured worker was evaluated for consideration of admission into an acute care facility. It was noted that the injured worker had begun physical therapy and was able to ambulate 50 feet with front-wheeled walker assistance. It was noted that there was no evidence of postoperative complications or significant blood loss anemia. The request was made for a 3 day inpatient stay with a prospective request for 3 additional days and followed by a transfer to an acute rehabilitation facility for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for DOS 10/1/13-10-3-13 and prospective request for 3 additional days of hospital stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee and Leg Chapter, Hospital Length of Stay.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hospital Length of Stay.

**Decision rationale:** The retrospective request for date of service 10/01/2013 through 10/03/2013 and prospective request for 3 additional days of hospital stay is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address inpatient lengths of stay. The Official Disability Guidelines recommend 4 days as a best target practice of an inpatient stay following total knee arthroplasty revision. The request exceeds this recommendation. There was no documentation of intraoperative or postoperative complications to support extending treatment beyond guideline recommendations. As such, the retrospective request for date of service 10/01/2013 through 10/03/2013 and prospective request for 3 additional days of hospital stay is not medically necessary or appropriate.

**Transfer to an acute rehabilitation unit, two week stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee and Leg Chapter.

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

**Decision rationale:** The requested transfer to an acute rehabilitation unit for 2 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend a 6 day inpatient stay in a rehabilitation facility as an option following total knee arthroplasty when ongoing skilled nursing or rehabilitative care is needed. The clinical documentation submitted for review does indicate that the patient has a recurrent infection and will require postoperative medical monitoring and IV antibiotics. However, the requested 2 weeks would not be supported. There is no documentation to support that anything beyond a 6 day acute rehabilitation unit stay is necessary for this injured worker. The clinical documentation did not provide any evidence of intraoperative or postoperative complications that would indicate the need for extended inpatient rehabilitation. As such, the requested transfer to an acute rehabilitation unit for 2 weeks is not medically necessary or appropriate.

