

Case Number:	CM13-0042661		
Date Assigned:	12/27/2013	Date of Injury:	11/24/2009
Decision Date:	05/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery 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 70-year-old male who reported an injury on 11/24/2009. The mechanism of injury was not stated. The injured worker is diagnosed with infected right total knee replacement. This is a retrospective request for a 3 day inpatient hospital stay from 10/05/2013 through 10/07/2013. The injured worker was evaluated on 09/27/2013. The injured worker reported severe right knee pain. Physical examination revealed 2+ effusion, painful range of motion, 0 to 110 degree range of motion, mild instability and intact sensation. Treatment recommendations included a removal of the right total knee replacement with placement of an antibiotic spacer. The injured worker then underwent removal of a right total knee replacement with placement of an antibiotic spacer on 10/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 3 DAY HOSPITAL STAY (DOS 10/05/2013 THROUGH 10/07/2013):
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), Knee & Leg Chapter, Hospital Length of Stay Guidelines.

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

Decision rationale: Official Disability Guidelines state the hospital length of stay following a revision of a right knee replacement, not otherwise specified, includes 4 days. The injured worker underwent removal of a right total knee replacement with placement of an antibiotic spacer on 10/05/2013. The current request for a 3 day inpatient hospital stay does fall within guidelines recommendations for a revision of the total knee arthroplasty not otherwise specified. As such, the request is medically necessary.