

Case Number:	CM14-0004412		
Date Assigned:	02/05/2014	Date of Injury:	06/01/2001
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

This 63-year-old female sustained an industrial injury on 6/1/01. The patient is status post right total knee arthroplasty in 2005 and left total knee arthroplasty on 10/14/11. The 12/11/13 treating physician report indicated that the patient had a painful and possibly failed left knee patellar component. There was possible loosening of the patellar component with frank uptake in this area of her bone scan. Surgery was recommended to confirm loosening of the patellar component. The 12/23/13 utilization review denied the surgical request as there has no documentation of any type of infection work-up and the bone scan report was not provided. The 12/30/13 appeal letter stated that the patient had undergone a bone scan that showed left patellar uptake, notably more irregularly intense compared with the right knee. The remaining areas of the left total knee replacement showed no significant uptake. An infection work-up with CBC, sed rate, and C-reactive protein was within normal limits. The patient had no effusion, so an aspiration was not performed. The 1/8/14 utilization review certified the request for revision of the left total knee arthroplasty on appeal. The request for 3 day in-patient stay was modified to a one day in-patient stay based on a discussion with the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 DAY INPATIENT STAY (FOLLOWING REVISION OF LEFT TOTAL KNEE ARTHROPLASTY): 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 And Leg Chapter, Procedure Summary.

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, Hospital Length of Stay (Los).

Decision rationale: Under consideration is a request for 3-day inpatient stay. The California MTUS does not provide inpatient length of stay recommendations for this surgery. The Official Disability Guidelines recommend the median length of stay based on the type of surgery, or best practice target length of stay for cases with no complications. For revision knee replacements, the median length of stay and best practice target are 4 days. Therefore, and consistent with guidelines, this request for a 3-day in-patient stay is medically necessary.