MAXIMUS Federal Services

Case Number:	CM14-0005160		
Date Assigned:	01/24/2014	Date of Injury:	11/20/2006
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 licensed in Psychology 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 patient is a 59-year-old female who has submitted a claim for low back syndrome, right knee end stage osteoarthritis/degenerative joint disease associated with an industrial injury date of November 20, 2006. The medical records from 2013 were reviewed, the latest of which dated September 30, 2013 revealed that the patient presents with increased lower back pain rated as 9/10 accompanied with numbness and tingling sensation in the right lower extremity starting on the buttocks, right hip pain for one month, right knee pain rated as 9/10, left knee pain rated 5/10 and left ankle pain. She notes that her right knee swells up more. She also notes that her right knee is giving way. She reports that she continues to have bilateral knee pain at night. She indicates that she is experiencing difficulty in ambulating and activities of daily living. On physical examination, extension of the lumbar spine is limited due to pain and spasm. There is limitation in range of motion of the lumbar spine with flexion to approximately 40 degrees, extension to approximately 10 degrees, and right lateral flexion to approximately 10 degrees, left lateral flexion to approximately 11 degrees. There is noted tenderness over the medial and lateral joint of the right knee. There is limitation in range of motion of the knees with right knee flexion to approximately 98 degrees and left knee flexion to approximately 112 degrees. There is positive McMurray's test, crepitus and patellofemoral grind noted in the right knee. Motor strength in the bilateral hip flexors 4-/5, bilateral knee extensors 4/5, bilateral knee flexors 4/5, bilateral great toe extensors 4/5 and bilateral foot evertors 4/5. The treatment to date has included left knee arthroscopy, right knee arthroscopy, left total knee replacement, right transforaminal steroid injection L4-5, right total knee replacement, Synvisc injections, TENS, physical therapy, home exercise program, and medications which include Percocet, Nabumetone, Flexeril, Vicodin, Prilosec, Morphine, Codeine, Lortab, Zanaflex, Flurbiprofen cream, and Cyclobenzaprine/Gabapentin/Capsaicin/Ketoprofen/Ketamine cream. The utilization review

from January 2, 2014 modified the retrospective request for inpatient hospital stay 11/18/13 to 11/21/2013 to inpatient hospital stay for 1 day.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT HOSPITAL STAY 11/18/13 TO 11/21/2013 RETROSPECTIVE.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee 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 California MTUS does not specifically address the topic on hospital length of stay. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section, was used instead. It states that for prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. The guidelines state that for knee replacement, the median is 3 days compared to mean of 3.4 days. The best practice target without complications is 3 days. In this case, the patient underwent right total knee replacement. However, the post-operative outcome is unknown due to lack of documentation. The utilization review modified the request to 1 day inpatient stay but the rationale for modification was not made available. Also, the reason for inpatient stay was not included in the request. Therefore, the retrospective request for inpatient hospital stay 11/18/13 to 11/21/2013 is not medically necessary.