

Case Number:	CM14-0006512		
Date Assigned:	01/24/2014	Date of Injury:	02/24/2011
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 Texas. 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 54-year-old male who sustained injuries to his bilateral knees on 02/24/11. The mechanism of injury was not documented. The records indicate that injured worker's morbidity is 230 pounds, 5'10". The injured worker reported smoking 10 cigarettes per day. An MRI of the right knee was requested to rule out medial meniscal tear and other internal derangement. And intra-articular corticosteroid injection was administered to the right knee and the injured worker was advised to perform home exercises and work on modified duty. It was reported that the injured worker is totally temporary disabled and he is not a candidate for right knee total replacement at this time. Inpatient length of stay x 3 days for right total knee replacement has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT LENGTH OF STAY X 3 DAYS FOR RIGHT TOTAL KNEE REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation ODG- Knee 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, Hospital length of stay (LOS)

Decision rationale: The request for inpatient length of stay x 3 days for right total knee replacement is not medically necessary. The previous request was denied on the basis that the injured worker is not an appropriate candidate for right total knee replacement at this time; therefore, the request for preoperative medical clearance was not medically justified. The ODG states that the need for a clinical office visit with a healthcare provider is individualized based upon review of the injured worker's, signs and symptoms, clinical stability and reasonable physician judgment; however, given that the injured worker is not a surgical candidate at this time, medical necessity of the request for inpatient length of stay x 3 days for right total knee replacement has not been established. The request is not medically necessary and appropriate.