

Case Number:	CM14-0010872		
Date Assigned:	01/29/2014	Date of Injury:	08/06/2003
Decision Date:	02/04/2014	UR Denial Date:	01/17/2014
Priority:	Expedited	Application Received:	01/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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.

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's date of injury is August 6, 2003. The patient underwent left total knee arthroplasty on July 31, 2012. Unfortunately the patient developed an infection to the knee. The patient underwent removal of prosthesis including placement of cemented total knee antibiotic spacer. The patient's been treated with IV antibiotics. The patient underwent removal of the knee implant spacer on December 3, 2013. The patient was seen on January 13, 2004 where an aspiration of the left knee revealed no evidence of infection and no growth of organism. The patient has had physical therapy and ultrasound of the left lower extremity which did not reveal any evidence of deep vein thrombosis. The patient is now prepared to have left total knee revision arthroplasty. At issue is whether 42 days of hospitalization a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT in-patient stay for 42 days: Upheld

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, 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, Hospital Length of Stay.

Decision rationale: ODG guidelines indicate that revision total knee replacement as a median hospital stay between 4 and 4.8 days. The best practice target is actually 4 days. At the present time the patient has no evidence of infection in the left knee after removal of the antibiotic spacer prosthesis and after aspiration of the joint. In addition laboratory blood test do not indicate ongoing infection at this time. 42 days of hospitalization is not medically necessary for revision total knee surgery. There is no medical justification for prolonged hospitalization after revision total knee replacement in this case. Guidelines for hospital stay after revision total knee surgery are not met in this case. The average hospital stay after revision total knee surgery is 4 days.