

Case Number:	CM14-0013489		
Date Assigned:	02/26/2014	Date of Injury:	07/31/2006
Decision Date:	10/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 Emergency Medicine 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 64 year-old male, who sustained an injury on July 31, 2006. The mechanism of injury is not noted. Diagnostics have included: December 27, 2014 right knee x-rays reported as showing tibia/femur misalignment; January 6, 2014 WBC 6.84; December 27, 2014 right knee aspirate reported as showing pseudomonas, klebsiella, serrate, B strep. Treatments have included: July 2005 right knee total arthroplasty, 2007 explant with cement spacer replacement, April 2013 washing and spacer replacement, and IV antibiotics. The current diagnoses are: right knee osteoarthritis, s/p right knee arthroplasty complicated with Staph infection, MSRA culture positive, sepsis secondary to right knee infection. The stated purpose of the request for inpatient stay admission date 12/27/2013 was due to right knee pain and swelling. The request for inpatient stay admission date 12/27/2013 was denied on January 13, 2014, citing a lack of documentation of the medical necessity for inpatient care. Per the December 20, 2013 orthopedist report, the treating physician noted that the knee is chronically infected and has failed chronic antibiotic therapy and there was note of discussion of possible amputation versus continued chronic antibiotic therapy. Per the emergency department report dated December 27, 2013, the treating physician noted complaints of increased warmth and pain to the right knee with fever. The injured worker admits to trying IV heroin for pain without relief. Emergency department treatment plan included IV antibiotics, consults, wound and blood cultures. Per the report dated January 7, 2014, the treating physician noted that the injured worker is an IV drug user and there was concern as to discharging the patient with a PICC line in place. Exam findings included right leg shortened and externally rotated, swollen right knee, ulcer on the anterior patella, left ankle ulcer without drainage. Leg ultrasounds were reported as negative for deep vein thrombosis. Wound and blood cultures were taken. WBC was 20.64. Temp 101.8 F.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay admission date 12/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, (updated 06/26/14), Methicillin resistant Staphylococcus aureus septicemia

Decision rationale: The requested Inpatient Stay admission date 12/27/2013, is medically necessary. CA MTUS is silent. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Infectious Diseases, (updated 06/26/14), Methicillin resistant Staphylococcus aureus septicemia - Hospital Length of Stay: 10.9 days. The injured worker has increased warmth and pain to the right knee with fever. The treating physician has documented right leg shortened and externally rotated, swollen right knee, ulcer on the anterior patella, left ankle ulcer without drainage. Leg ultrasounds were reported as negative for deep vein thrombosis. Wound and blood cultures were taken. WBC was 20.64. Temp 101.8 F. The request for inpatient stays admission DATE 12/27/2013 was denied on January 13, 2014, citing a lack of documentation of the medical necessity for inpatient care. The injured worker has been treated with multiple courses of IV antibiotics and wash outs and spacer replacements. Despite aggressive, repeated treatment including IV antibiotics, the injured worker presented with a septic clinical appearance with Temp 101.8 F, WBC 20.64 and swollen right knee with ulcer. At least initially, pending wound and blood culture results and infectious disease and orthopedic consults, an inpatient admission was medically necessary. As the written request does not note a time frame for inpatient care, and lacking documentation of the results of the afore-mentioned lab and consult results, this reviewer is unable to comment on the medical necessity of any particular length of stay. The criteria noted above having been met, Inpatient Stay admission date 12/27/2013 is medically necessary.