

Case Number:	CM14-0015433		
Date Assigned:	03/12/2014	Date of Injury:	03/30/2007
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year-old patient who sustained an injury on 03/30/07 while performing usual and customary job duties repairing a main valve line leak, the ground gave way beneath and fell onto the right knee. The patient is 5 feet tall, weighed 206 pounds, and with a body mass index of 29.56. His past medical history was significant for deep vein thrombosis (DVT), hyperlipidemia, and asthma and sleep apnea. There was a request for a right total knee arthroplasty with 3-day inpatient hospital stay, which was certified on prior utilization review. He was diagnosed with right knee osteoarthritis. There is a request for two weeks of inpatient rehabilitation. A 10/3/13 office visit knee examination revealed positive patellofemoral crepitation. There is no angulation of the lower extremity; however, there is joint line tenderness both medially and laterally with crepitation. An equivocal McMurray exam is noted. There is mild atrophy in musculature. Mild effusion is noted. Mild restriction in ROM is noted. Ligament examination to both A/P as well as varus valgus is within normal limits. The remainder of the exam is within normal limits. The opposite side was examined and shows no tenderness, full range of motion and no swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) WEEKS INPATIENT REHABILITATION: 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- Hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee- Hospital length of stay (LOS)

Decision rationale: Two (2) weeks inpatient rehabilitation is not medically necessary per the ODG guidelines. The MTUS guidelines were reviewed but do not specifically address inpatient rehabilitation. The ODG states that the median hospital length of stay after total knee replacement is 3 days. Inpatient rehabilitation for 2 weeks is not medically necessary without evidence of significant medical complexity and functional deficits that could not be managed at a lower level of care. The documentation does not indicate that the patient has significant complex uncompensated medical needs. The request for 2 weeks inpatient rehabilitation is not medically necessary.