

Case Number:	CM14-0126975		
Date Assigned:	08/13/2014	Date of Injury:	06/25/2010
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopaedic Surgery 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:

This 43-year-old male Juvenile Probation Supervisor sustained an industrial injury on 6/25/10. The mechanism of injury was not documented. Past surgical history was positive for multiple right knee surgeries including anterior cruciate ligament reconstruction, OATS procedure, autologous chondrocyte implantation, high tibial osteotomy, and multiple arthroscopies. The 7/11/14 orthopedic report cited marked right-sided limp. Right knee exam documented range of motion 0-120 with mild effusion, normal alignment, 3+ crepitus, and mild instability. There was medial and lateral joint line tenderness with any range of motion. The patient had been unable to work for the past 6 months. The patient was status post high tibial osteotomy with tricompartmental degenerative joint disease. Right total knee replacement was recommended. The 7/18/14 utilization review modified a request for 3 to 4-day inpatient stay relative to a pending right total knee arthroplasty to a 3 day stay consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) day hospital stay: 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).

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 (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. The 7/18/14 utilization review modified the request for 3-4 day inpatient stay to 3 days consistent with guidelines. There is no compelling reason presented to support the medical necessity of pre-authorization of a 4 day inpatient stay in excess of guideline recommendations. Therefore, this request is not medically necessary.