

Case Number:	CM14-0129789		
Date Assigned:	08/20/2014	Date of Injury:	06/01/2004
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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 69 year old male who sustained an injury on 06/01/04. No specific mechanism of injury was noted. The injured worker has been followed for bilateral knee osteoarthritis. Multiple surgical procedures for both knees were noted. The injured worker had failed conservative treatment and was scheduled for a left total knee replacement on 06/09/14. The requested type and cross match for surgery as well as an inpatient rehab facility stay for 14-21 days following surgery were both denied by utilization review on 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Type and cross match for surgery.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/tc4111.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; Current Medical Diagnosis, and Treatment. 2012 Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: In review of the clinical documentation submitted, there are no indications for type and cross match for surgical intervention. It is noted in the prior utilization report that

the request was modified to a type and screen. This would be considered standard care to determine if blood transfusion is needed and what type of blood would be needed during surgery. There would be no indication for type and cross match. Therefore, the request was not medically necessary.

Inpatient rehab facility stay 14-21 days post surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, skilled nursing facility length of stay

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: In review of the clinical documentation submitted, there are no indications for a 14-21 day inpatient rehab facility stay following a total knee arthroplasty procedure. Typically, injured workers do require 3-5 days of inpatient rehabilitation prior to discharge however without a postoperative assessment establishing a severe functional deficit following surgical intervention a 14-21 day inpatient rehab facility stay was not medically necessary.