

Case Number:	CM14-0153814		
Date Assigned:	09/23/2014	Date of Injury:	06/26/1997
Decision Date:	11/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Minnesota. 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 56 year old female with a history of left total knee arthroplasty on 6/14/2012, a chronic pain syndrome for which she is on opiates, and chronic lumbar radiculopathy treated with epidural steroid injections. A gait disturbance and a history of frequent falls is documented. She fell and injured the left total knee in 2014. Her examination in April documented 3+ laxity of the medial collateral ligament due to avulsion of the tibial attachment. She underwent a revision total knee arthroplasty with bone anchor suturing of the medial collateral ligament on July 22, 2014. The disputed issue pertains to the hospital length of stay for a revision total knee arthroplasty particularly in light of a documented complication of urinary retention on the fourth post-operative day. UR allowed the best practice guideline of 4 days per ODG and in their discussion of the rationale allowed the 5th day for urinary retention but in the final determination authorized only 4 days. The disputed request pertains to a hospital stay from 7/22/2014 through 7/26/2014 which was denied by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for inpatient LOS (length of stay), from 7/22/14-7/28/14, for left knee revision arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 18th Edition (web), 2013 updates, Knee and Leg Chapter - 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) Chapter: Knee and Leg, Topic: Hospital Length of Stay, Revision Knee Replacement.

Decision rationale: California MTUS does not address this issue. The ODG guidelines indicate a best practice hospital length of stay of 4 days for revision total knee arthroplasty if there are no complications. However, in this instance there was urinary retention documented on the fourth post-operative day which necessitated an additional day of in-patient hospital stay. The IMR application lists the following services that were denied or modified by UR: "RETRO Inpatient LOS for Left TKA From 7/22/14 - 7/26/14." The UR discussion of the rationale allows the additional day for urinary retention but in the final decision of 9/8/2014 only 4 days of in-hospital stay were allowed. Therefore, based upon guidelines the requested inpatient length of stay for the left revision total knee arthroplasty from 7/22/14 - 7/26/14 was medically necessary.