

<b>Case Number:</b>	CM14-0173268		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/19/2001
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Surgeon 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 79-year-old male sustained an industrial injury on 12/19/01. Injury occurred when he slipped and fell over a log, striking his left shoulder, rib cage, and left knee. Past medical history was positive for coronary artery disease, hypertension, and benign prostatic hypertrophy. Past surgical history was positive for a left total knee replacement in November 1994. He was diagnosed with loose knee prosthesis in January 2003 and underwent a patellar component replacement on 11/13/03. Multiple surgeries followed. He developed an infection and underwent synovectomy and hardware removal in February 2004 and revision left total knee replacement on 7/22/04. Left knee patellectomy and patellar realignment was performed on 12/19/04. Left knee irrigation and debridement with bushing and liner exchange was performed on 12/7/10. Records indicated the patient had an infected left total knee arthroplasty, status post multiple attempts at salvage and multiple irrigations and debridement's, with osteomyelitis. An above knee (AK) amputation of the left leg was performed on 8/8/14. The 8/29/14 progress report indicated the patient was in a lot more pain than he was pre-operatively. There was chronic stump swelling with significant drainage that was cultured as methicillin-resistant Staphylococcus aureus. The treating physician reported that some of the hardware was left in and there appeared to be some type of pseudo joint. The patient was seen by the orthopedic surgeon on 10/10/14 who recommended revision of the AK amputation with removal of deep hardware, and irrigation and debridement. Associated requests for pre-operative labs, EKG, assistant surgeon, and inpatient admission were submitted. The 10/16/14 utilization review modified the request for an unspecified number of inpatient facility days to 3 days consistent with the treating physician initial estimate reported during the peer-to-peer discussion. The request for pre-operative urinalysis was denied as the treating physician indicated this was not requested during the peer-to-peer discussion and the request was being withdrawn. The patient underwent surgery on

10/17/14 with records indicating that he was ready for discharge to home health care on 10/20/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Facility-Inpatient, unknown number of days:** 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 Chapter, Hospital length of stay (LCS)

**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 hospital length of stay recommendations. 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 revision amputation is not provided. Records indicated that the treating physician anticipated the patient would be hospitalized for 3 days barring complications. The 10/16/14 utilization review modified a non-specific request for admission to 3 days following peer-to-peer discussion. Records indicate that the patient was admitted and underwent surgery on 10/17/14 and was ready for discharge to home health on 10/20/14. There is no indication that in-patient hospitalization was required beyond the 3 days previously certified. Therefore, this request is not medically necessary.

**Pre-operative UA complete:** 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), Low Back Chapter, Preoperative lab testing.

**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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this lab test. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on the patient's age, past medical history, chronic infection state, magnitude of surgical procedure,

recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.