

<b>Case Number:</b>	CM14-0026052		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 58-year-old male sustained an industrial injury on 6/28/07. The mechanism of injury was not documented. He was status post several operations on each knee. Most recently, he underwent right knee arthroscopic partial meniscectomy and patellar chondroplasty on 1/6/09. Conservative treatment had included viscosupplementation, unloader brace, and medications. The 10/30/13 right knee x-rays revealed mild degenerative narrowing of the medial joint compartment. The 1/14/14 treating physician report cited right knee pain, swelling, locking, and catching. The patient had completed a course of physical therapy, anti-inflammatory medications, and pain medications. Right knee findings documented trace effusion, medial joint line tenderness, severe crepitus, range of motion 0-130 degrees, positive McMurray's, stable ligaments, and intact neurovascular status. The patient was diagnosed with knee degenerative joint disease. The treatment plan recommended right total knee replacement. The 2/20/14 utilization review denied the request for right total knee replacement based on an absence of imaging documentation of severe degenerative joint disease and absence of clinical objective findings consistent with guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SKILLED NURSING FACILITY (UNSPECIFIED DURATION):** 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, Skilled nursing facility (SNF).

**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, Skilled nursing facility LOS (SNF).

**Decision rationale:** The California MTUS does not provide length of stay recommendations for skilled nursing facility stay, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a SNF as an option, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals. The medical necessity of the current request for an undefined SNF stay cannot be established. There is no documentation that the surgical request has been deemed medically necessary. Therefore, this request for skilled nursing facility (unspecified duration) is not medically necessary.

**INPATIENT STAY X 3 DAYS:** 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) Knee Chapter, 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 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 mean and best practice target for a total knee replacement is 3 days. Guideline criteria have been met for inpatient length of stay up to 3 days, should the total knee replacement be found medically necessary. Therefore, this request for inpatient length of stay is medically necessary.