

Case Number:	CM14-0154093		
Date Assigned:	09/23/2014	Date of Injury:	08/28/1998
Decision Date:	01/28/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Surgery of the Hand and is licensed to practice in Hawaii. 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 57 year old male sustained a work related injury on 10/6/2000. The mechanism of injury was reported to be injury from sitting cross-legged installing an electrical outlet box. As he got up and turned his body he heard and felt a click in his right knee and had the immediate onset of pain. The current diagnoses are chondromalacia of the right patellofemoral joint, degenerative joint disease, narcotic tolerance, and status post right knee arthroscopy times 2. According to the progress report dated 8/4/2014, the injured workers chief complaints were right knee pain. The physical examination of the right knee revealed soft tissue swelling, crepitus with range of motion, pain with compression of the patellofemoral joint, and tenderness both medially and laterally. No significant masses or joint effusion was noted. Range of motion is from 0-125 degrees. The medication list was not specified in the records provided. The injured worker was previously treated with medications, knee brace, and 12 sessions of physical therapy. Right knee x-ray (December 2013) showed slight decrease in the medial joint space as well as some squaring and spurring of the lateral compartment. On this date, the treating physician prescribed the three day inpatient stay with right total knee replacement, which is now under review. In addition to the three day inpatient stay with right total knee replacement, the treatment plan included pain management evaluation, home exercises, knee brace, and walking cane. When the three day inpatient stay with right total knee replacement was first prescribed work status was permanent and stationary. On 8/27/2014, Utilization Review had non-certified a prescription for three day inpatient stay with right total knee replacement. The inpatient stay with right total knee replacement was non-certified based on no documentation of significant loss of joint space. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Length of Stay (LOS): 3 Day Inpatient Stay with Right Total Knee Replacement: 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), Treatment in Workers Comp, 18th Edition, 2013 Updates, Knee Procedure, Knee Joint Replacement, Hospital Length of Stay (LOS) Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Joint Replacement, Hospital length of stay (LOS).

Decision rationale: The request for length of stay (LOS): 3 day inpatient stay with right total knee replacement is not medically necessary. The Official Disability Guidelines indicate the criteria for knee joint replacement include, documentation of a failure of conservative care, including exercise and medications and subjective clinical findings including limited range of motion less than 90 degrees. There should be objective clinical findings such as, an injured worker over 50 years of age and body mass index of less than 40, where increased BMI poses elevated risks for post-op complications. There should also be imaging clinical findings such as osteoarthritis on a standing x-ray, documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity; previous arthroscopy, documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects is noted. There was no documentation of the injured worker's body mass index or documentation of failure of conservative treatments. There was no diagnostic study included to diagnose the injured worker with osteoarthritis or previous arthroscopy. The surgical intervention would not be supported. The Official Disability Guidelines recommend 3 days hospital length of stay for total knee replacement, with no complications noted. As the surgical intervention is not supported, the hospital length of stay is not supported. Due to the lack of pertinent information, the request is not medically necessary.