

<b>Case Number:</b>	CM15-0008502		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 70-year-old male, who sustained an industrial injury on 6/16/11. The diagnoses have included bilateral knee sprain/strain, osteoarthritis, status post right knee arthroplasty, and left total knee derangement. The patient underwent right total knee arthroplasty on 7/12/14. Treatment to date has included physical therapy and pain management. Currently, the injured worker complains of neck, lower back, bilateral shoulders/arms, and bilateral knee pain. There was tenderness to palpation over the cervical spine, lumbar spine, bilateral shoulders, bilateral arms, and bilateral knees. He had restricted movement in the cervical spine, lumbar spine, and bilateral shoulders. Records indicated that a request for left total knee arthroplasty was not certified. On December 29, 2014, Utilization Review non-certified a two day hospital stay, noting that the requested surgery was non-certified therefore the hospital stay was noncertified. The Official Disability Guidelines were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of 2-day hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 DAY HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 total knee arthroplasty is 3 days. This request is within guidelines recommendations for hospital length of stay following a total knee arthroplasty. However, there is no evidence in the records provided that this surgery has been certified. Therefore, this request for 2 day hospital stay would not be considered medically necessary at this time.