

<b>Case Number:</b>	CM15-0135122		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 was a 61 year old female, who sustained an industrial injury, May 3, 2006. The injured worker previously received the following treatments Advil, Ambien, postoperative physical therapy, x-ray of the right hip showed significant osteolysis from the metal ions from the hip articulation. The injured worker was diagnosed with osteoarthritis of the right hip and right hip replacement. According to progress note of June 11, 2015, the injured worker's chief complaint was right and left hips. The pain in the right hips was constant. The x-rays showed lucency around the formal stem. The injured worker was ready for a right hip revision to prevent further metal on metal complications. The physical exam noted the right hip to be unremarkable and without deformity. There was no tenderness with palpation or masses. The injured worker's coordination was within normal limits. The injured worker was in need for a right hip revision that will involve the acetabular cup as well as the femoral stem. The treatment plan included a four day hospital stay, for postoperative care for right hip revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: hospital length of stay (LOS):** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Hospital Length of Stay (LOS) Section.

**Decision rationale:** MTUS guidelines do not address hospital length of stay for hip replacement; therefore, alternative guidelines were consulted. The ODG recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. Reductions in lengths of stay are most often associated with no significant change in patient outcomes. However, very short lengths of stay are associated with increased intensity of care following discharge for patients undergoing hip surgery, indicating possible cost shifting (the cost incurred by transferring patients to rehabilitation facilities may have been greater than had the patients remained in the acute care hospital for an additional 1 or 2 days and been sent directly home). These results emphasize the importance of monitoring the effects of cost containment and other systematic efforts to change patient care at the local level. Between 1991 and 2008, patients undergoing primary and revision hip arthroplasty surgeries have trended toward shorter hospital lengths of stay (LOS), but higher rates of discharge to skilled care facilities and higher rates of readmission, according to a study published in JAMA. Decreased hospital LOS can significantly decrease costs, but there is some concern that hospitals may be releasing patients prematurely to skilled care facilities, which could lead to higher readmission rates. For primary total hip arthroplasty, there was a decrease in average hospital LOS, from 9.1 days to 3.7 days. Mortality rates also went down, from 0.5% to 0.2% for unadjusted in-hospital mortality and 0.7% to 0.4% for 30-day mortality. Home discharge decreased from 68.0% to 48.2%, discharge to skilled care increased from 17.8% to 34.3% and 30-day all-cause readmission rates increased from 5.9% to 8.5%. For revision total hip arthroplasty, similar trends were seen: Hospital LOS decreased from 12.3 days to 6.0 days, unadjusted in-hospital mortality declined from 1.8% to 1.2%, discharge to home decreased from 57.4% to 35.4%, discharge to skilled or intermediate care increased from 26.7% to 42.4%, and hospital readmission rates rose from 8.7% to 14.1%. See also Skilled nursing facility (SNF). ODG hospital length of stay (LOS) guidelines for hip replacement revision: best practice target (no complications), 4 days. In this case, the actual length of stay requested is not included with this request, but is reported to be for four days in the clinical reports. The request for associated surgical service: hospital length of stay (LOS) four days is determined to be medically necessary.