

Case Number:	CM15-0144442		
Date Assigned:	08/12/2015	Date of Injury:	01/30/2009
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This injured worker is a 69-year-old female who sustained an industrial injury on 1/20/09, relative to cumulative work duties. She underwent right knee arthroscopic partial medial and lateral meniscectomies and extensive synovectomy and chondroplasty on 7/12/11. Conservative treatment had included activity modification, medications, physical therapy, cortisone injections, and Synvisc injections. The 6/9/15 treating physician report cited increasingly severe bilateral knee pain associated with swelling and clicking. Functional difficulty was noted with walking, standing, going up and down stairs or hills, and uneven ground. Symptoms were refractory to conservative treatment including rest, activity modification, injections, bracing, and arthroscopy. Progress report documented antalgic gait, valgus deformity, effusion, medial and lateral joint line tenderness, and decreased range of motion 0-120 degrees. X-rays revealed bone on bone degenerative changes with valgus deformity. The treatment plan recommended right total knee arthroplasty with post-operative physical therapy and durable medical equipment. Authorization was requested for a 2-4 day inpatient stay and 12 post-op outpatient physical therapy visits to begin 2 weeks post-op. The 7/16/15 utilization review certified the request for right total knee replacement with 9 post-op home health physical therapy visits and post-operative durable medical equipment. The request for 12 post-op outpatient physical therapy visits was modified to 3 visits, noting that home health physical therapy was certified for 9 visits, and combined that would equate to 12 initial visits as supported by the Post-Surgical Treatment Guidelines. The request for a 2-4 day inpatient stay was modified to 3-day inpatient stay consistent with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 2-4 day inpatient stay: 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 Index, 13th Edition (web), 2015, Knee, Hospital Length of Stay.

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 total knee replacement is 3 days. The 7/16/15 utilization review modified the request for 2 to 4 days length of stay, certifying 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, this request is not medically necessary.

Associated surgical service: 12 post-operative outpatient physical therapy visits (for range of motion strengthening and conditioning) for left lower extremity to begin 2 weeks post-op: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The 7/16/15 utilization review recommended partial certification of 3 post-op outpatient physical therapy visits following the initial 9 certified home health physical therapy visits, to a total of 12 initial post-operative physical therapy visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations for initial treatment and the care already certified. Therefore, this request is not medically necessary.