

Case Number:	CM15-0188896		
Date Assigned:	09/30/2015	Date of Injury:	10/28/1997
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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, Oregon, Washington
 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 71 year old male, who sustained an industrial injury on 10-28-1997. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee osteoarthritis (primary and post traumatic) and internal derangement of the left knee. Medical records (03-05-2015 to 08-26-2015) indicate ongoing bilateral lower extremity pain with left knee pain. Pain levels were 7-10 out of 10 on a visual analog scale (VAS). Recent records did not specifically address activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work as he is retired. The physical exam of the left knee, dated 08-26-2015, revealed decreased range of motion (ROM), crepitus with ROM testing, mild to moderate effusion, moderate plus tenderness to the medial side of the patella, moderate to severe medial joint line tenderness, and mild to moderate joint line tenderness. Relevant treatments have included arthroscopic surgery to both knees, right total knee replacement (2012), physical therapy (PT), work restrictions, and pain medications. The request for authorization (08-27-2015) shows that the following services were requested: a total knee arthroplasty (approved), 4 day inpatient stay (modified), continue passive motion machine rental (modified), post-op PT (approved), and a surgical assistant (approved). The original utilization review (09-03-2015) partially approved the requests for 4 day inpatient stay (modified to 3 days), continue passive motion machine rental (modified to 21 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 4 day hospital 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), 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 / length of stay knee arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case, the 4 day request exceeds the 3 day inpatient stay and the request is therefore not medically necessary and appropriate.

Associated surgical service: Continue Passive motion (CPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BlueCross, BlueShield - Criteria for the use of continuous passive motion devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have not been met the determination is for not medically necessary.