

Case Number:	CM15-0202431		
Date Assigned:	10/19/2015	Date of Injury:	12/24/2009
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female who sustained an industrial injury 12-24-09. A review of the medical records reveals the injured worker is undergoing treatment for left knee medial meniscus tear, left knee pain and swelling, and right knee bone on bone medial femorotibial and moderate right patellofemoral. Medical records (08-19-15) reveal the injured worker complains of bilateral knee pain rated at 6-7/10. The physical exam (08-19-15) reveals flexion to 110 degrees bilaterally with pain at the extreme on the right knee, mid patellar facet tenderness and medial joint line tenderness on the right knee, patellar crepitation and medial facet tenderness on the left knee, with an effusion and diffuse tenderness noted on the left knee. Prior treatment includes medications physical therapy, knee injection, and braces. The treating provider reports the plan of care as a right total knee replacement. The original utilization review (10-01-15) non certified the request for an inpatient hospital stay for 3-4 days related to a right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital Stay 3-4 days: 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) Knee and Leg, Indication for Surgery- Knee Arthroplasty.

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

Decision rationale: The MTUS is silent on inpatient hospital stays. The requested inpatient hospital stay is secondary to right total knee replacement. Per the ODG guidelines regarding knee joint replacement: Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. ODG Indications for Surgery -- Knee arthroplasty: Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS 3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. PLUS 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995) Per the medical records submitted for review, the injured worker is over 50 years old with bone-on-bone right knee arthritis. She has tenderness throughout the knee, limited range of motion, slight laxity at the medial collateral ligament, and pain with varus standing. She has been treated with physical therapy, injection, and medication management. Knee replacement is indicated. With regard to length of hospital stay, the ODG guidelines state: Knee Replacement (81.54 - Total knee replacement) Actual data -- median 3 days; mean 3.4 days (0.0); discharges 615,716; charges (mean) \$44,621 Best practice target (no complications) -- 3 days. Four-day inpatient hospital stay is indicated as the mean is 3.4 days, and the injured worker has issues in the other knee which may make rehabilitation more difficult. The request is medically necessary.