

<b>Case Number:</b>	CM15-0085898		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, Indiana, Oregon  
 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 61 year old female who sustained an industrial injury on 2/11/13. The injured worker was diagnosed as having compressive neuropathy of the superficial and deep peroneal nerves of the proximal right leg, right knee pain with swelling and catching as a function of chondromalacia of the patella as seen on magnetic resonance imaging from January 2015 and persistent distal thigh pain from interference screw from intramedullary rodding. Currently, the injured worker was with complaints of right knee discomfort. Previous treatments included status post right knee intramedullary rodding, activity modification, and bracing. Previous diagnostic studies included magnetic resonance imaging and Electromyography. Physical examination was notable for sensory loss to light touch to the dorsal aspect of the right foot, gait notable for a limp with the right leg. The plan of care was for associated surgical services: inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Inpatient Stay:** 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 Procedure, Online Version, Hospital Length 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.

**Decision rationale:** This is a relatively uncommon surgery so collateral ligament reconstruction is referenced since the exposure and deep dissection is nearly identical. CA MTUS/ACOEM is silent on length of stay after collateral ligament reconstruction. ODG knee is referenced. Best practice is noted to be 3 days. In this case the request is 1 night and is therefore in keeping with guidelines and medically necessary.