

Case Number:	CM14-0207208		
Date Assigned:	12/19/2014	Date of Injury:	01/31/2008
Decision Date:	05/26/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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: Orthopedic Surgery, Sports 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 is a 72-year-old male who reported an injury on 01/31/2008. The mechanism of injury was a slip and fall when the injured worker was struck by a forklift blade, which injured the bilateral knees and hands. The injured worker underwent a left total knee arthroplasty. The injured worker had right knee osteoarthritis. The documentation indicated the treatment requested was a right total knee arthroplasty with an inpatient stay and an assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Patient LOS of 3 days for Right Total Knee Arthroplasty/assist needed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg (acute & chronic).

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 Chapter, Hospital Length of Stay, Low Back Chapter, Surgical assistant.

Decision rationale: The Official Disability Guidelines indicate that a hospital length of stay for a total knee replacement would be appropriate for 3 days. The request for 3 days would be

appropriate. Additionally, the referenced guidelines indicate that an assistant surgeon is recommended in more complex surgeries. A total knee arthroplasty would be considered a complex surgery. As such, both requests would be supported. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Given the above, the request for an inpatient length of stay of 3 days for right total knee arthroplasty/assist needed is medically necessary.