

<b>Case Number:</b>	CM14-0211200		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/06/1984
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male who got injured on 11/06/1984. The injured worker was reportedly driving in a company car at 45 miles per hour, when the vehicle stalled, cutting off the engine. The vehicle lost all power making it difficult to control and he ended up hitting two road signs injuring his knees, feet and spine. The injured worker reports that as a result the left lower extremity is one inch shorter than the right and he wears a lift in his left heel. He has had two right knee operations. Three left knee operations, four left foot operations, open reduction and internal fixation of the left tri-malleolar ankle fracture with retained hardware. The knee operations include bilateral anterior cruciate ligament construction bilaterally. He also had intrathecal pump and catheter implantation on 9/30/2010 to treat his chronic, severe and intractable pain. The patient has a history of seizure disorder. The patient's diagnoses include but are not limited to severe arthritis left knee, degeneration of lumbar disc, thoracic vertebral fracture, and lumbar vertebral fracture. He was seen 9/19/2014 for follow up on multiple complaints as well as his knees, the issue of left total knee arthroplasty was discussed. It was noted that he had lateral joint line pain and tenderness at the left knee joint. There is no significant change on full examination of the extremities. The peripheral pulses are present, the central nervous system is intact. 11/21/2014 it was noted that he has severe arthritis in the left knee joint, inability to ambulate any distances and had a total failure of conservative management, he was looking forward to having a motorized wheel chair. The request is for Left total knee arthroplasty with 4 day inpatient stay.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee arthroplasty with 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

**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, knee joint replacement, Hospital length of stay.

**Decision rationale:** The MTUS did not fully address the issue of hospital stay for knee arthroscopy so the ODG was consulted. Per the ODG total knee replacement is 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. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. The ODG hospital length of stay (LOS) guidelines: Knee Replacement (81.54 - Total knee replacement) Actual data -- median 3 days; mean 3.4 days (0.0); Best practice target (no complications) -- 3 days Revise Knee Replacement (81.55 - Revision of knee replacement, not otherwise specified) Actual data -- median 4 days; mean 4.8 days (0.2); Best practice target (no complications) -- 4 days. A review of the injured workers medical records did not reveal a reason to deviate from the best practice target of 3 days hospital length of stay for total knee arthroplasty and while he has had previous arthroscopic knee surgery, there is no documentation of a previous total knee arthroplasty, this does not appear to be a revision and therefore there are no indications to deviate from the best practice ODG recommended length of stay of 3 days, therefore Left total knee arthroplasty with 4 day inpatient stay is not medically necessary.