

Case Number:	CM15-0115746		
Date Assigned:	06/24/2015	Date of Injury:	10/24/2002
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 (IW) is a 53-year-old female who sustained an industrial injury on 10/24/2002. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having methicillin resistant staphylococcus infection in conditions classified elsewhere and of unspecified site staphylococcus aureus; other infections involving bone in diseases classified elsewhere; mechanical complication of internal orthopedic device implant and graft; infection and inflammatory reaction due to internal joint prosthesis; other postsurgical status. Treatment to date has included multiple left knee surgeries including a total knee arthroplasty (TKA), TKA loosening revision (07/24/2014) and removal of TJ revision, wound washout (08/10/2014), long-term antibiotics, removal of infected knee revision with insertion of antibiotic spacer (01/29/2015). Currently, the injured worker presents for follow-up care of the left knee. She has been on long term antibiotics and has received wound care. The knee has been monitored for wound infection and for healing. The incision is healing and the drainage from the wound has decreased significantly. A left knee arthroplasty is planned. Requests for authorization were made for the following: 1. Revision left TKS, 2. Medical clearance, 3. Pre-operative electrocardiogram (EKG), 4. Pre-operative labs including complete blood count (CBC) and Chem 7, 5. Length of stay (duration not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Length of stay (duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, Hospital Length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, Hospital Length of stay, 3 days is the best practice for a knee replacement. In this case there is an unspecified length of stay in the request. Therefore the request is not medically necessary and appropriate.

Post-operative rehab facility stay (no duration specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Skilled nursing facility LOS (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Skilled nursing facility LOS (SNF).

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and/or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the revision left knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.