

<b>Case Number:</b>	CM15-0124402		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 70 year old female who sustained an industrial injury on 2/7/03. The mechanism of injury was a trip and fall. Diagnoses are benign essential hypertension, knee pain, and rheumatoid arthritis, status post left knee replacement; 2 years ago. In a progress report dated 5/13/15, a physician notes complaints of right knee pain. It pops and she has to wait a few minutes for it to loosen up after she gets up. She occasionally uses a cane for support. The right knee has been bothering her for a year and has been getting worse. It hurts all the time. Pain is increased with walking. Pain is waking her at night. She takes Aleve for the pain. Current medications are Valsartan, Tramadol, Actemra, Methotrexate, and baby aspirin. She is not working. X-rays of the right knee indicate severe degenerative changes. She will require an artificial knee joint. The requested treatment is associated surgical service; inpatient stay, quantity of 5 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Inpatient stay Qty: 5.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital LOS.

**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:** CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case the 5 day request exceeds the 3 day inpatient stay and the request is therefore not medically necessary and appropriate.