

Case Number:	CM15-0063571		
Date Assigned:	04/09/2015	Date of Injury:	06/15/2011
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 56 year old female, who sustained an industrial injury on 6/15/2011. Diagnoses have included arthritis of bilateral knees, left shoulder impingement syndrome and lumbar spine disc herniation at L4-L5. Treatment to date has included physical therapy. According to the progress report dated 2/25/2015, the injured worker complained of pain in her knee and her shoulder. She had been authorized for a right total knee arthroplasty. Exam of the left knee showed 1+ effusion, crepitation and painful range of motion. Right knee x-ray was reviewed. It was noted that the injured worker lived in an apartment with several stairs and did not have anyone to take care of her at home. Authorization was requested for a seven to ten day inpatient rehabilitation stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seven to Ten days inpatient rehab stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Seven to Ten days inpatient rehab stay, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee and Leg, Hospital Length of Stay, noted "Knee Replacement (81.54 - Total knee replacement) Actual data: median 3 days; mean 3.4 days (0.0); discharges 615,716; charges (mean) ██████ Best practice target (no complications) 3 days." The injured worker has pain in her knee and her shoulder. She had been authorized for a right total knee arthroplasty. Exam of the left knee showed 1+ effusion, crepitation and painful range of motion. The treating physician has documented that the injured worker lived in an apartment with several stairs and did not have anyone to take care of her at home. The treating physician has not documented the medical necessity for hospital length of stay beyond the recommended 3 days stay. The criteria noted above not having been met, Seven to Ten days inpatient rehab stay is not medically necessary.