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DATE OF REVIEW:

AUGUST 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Continued length of stay for the date of 06/06/07 thru 06/20/07

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Left ankle x-ray, 04/30/07

Laboratory results, 04/03/07

Admission assessment, pre-operative nursing notes, history and physical, 04/03/07

Operative report, 04/04/07

Pathology report, 04/04/07

Progress notes, 05/11/07 to 06/17/07

Case Management notes, 05/14/07

Note, 06/12/07

Medication records, 06/05/07

Physical therapy notes, 05/11/07 to 06/19/07

Letter of medical necessity, Dr., 06/22/07

Peer review, 06/11/07 and 06/14/07

Discharge summary, 06/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a left ankle injury in a fall on xx/xx/xx. He subsequently underwent tibiotalar arthrodesis, which failed. On 02/27/07, the claimant, with an active smoking history, underwent a tibiotalar calcaneal arthrodesis with retrograde intramedullary nail, implantable bone stimulator and bone graft. He was re-admitted on 04/04/07 for signs of wound infection with purulent drainage and areas of necrotic tissue. His white blood cell count on 04/03/07 was 11.3. A left ankle x-ray on 04/03/07 noted post surgical changes with interval placement of an intramedullary rod in the distal tibia with fixation within the calcaneus. Fusion of the ankle joint

with stimulator was present. Resection of the distal fibula with bone graft was present with a mottled appearance of the distal tibia with irregular sclerotic and osteopenic regions.

On 04/04/07, the claimant underwent incision and drainage of the left ankle and foot and placement of a wound vac. The wound cultures were positive for gram-negative bacilli and *Enterobacter cloacae*. Treatment included intravenous antibiotics and daily wound care. A clinical progress note on 06/01/07 noted increased granulation over the dorsal ankle and foot with no evidence of necrotic tissue. There were signs of progressive healing and the claimant was afebrile. The medication record on 06/05/07 noted the claimant's pain was controlled with oral Benadryl, Vicodin and Tylenol. He continued on two antibiotics twice a day administered through a heparin lock intravenous port. A therapy note on 06/09/07 indicated the claimant was outside smoking.

A case management note on 05/14/07 indicated that referrals had been placed for home health services. The treating physician, Dr., indicated in a letter of medical necessity on 05/22/07 that due to the claimant's non-compliance with his outpatient level of care, hospital admission was necessary for close monitoring. The claimant was discharged to home on 06/19/07.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The length of stay from 06/06/07 through 06/20/07 does not appear to be medically necessary based on a careful review of all medical records. The claimant had a severe injury requiring a tibiotalar calcaneal arthrodesis. Unfortunately, the claimant developed a post operative infection potentially related in part to the claimant's active smoking history. The claimant required incision and drainage of the wound on 06/04/07 with placement of a wound vac. A progress note on 06/01/07 noted increased granulation over the dorsal ankle and foot with no evidence of necrotic tissue. There were signs of progressive healing and the claimant was afebrile. The pain was reportedly well controlled on 06/05/07 with oral medications. The claimant was receiving intravenous antibiotics. The claimant continued to smoke and was noted to be outside smoking on 06/09/07. The claimant apparently had progressive wound healing without evidence of acute issues according to the note on 06/01/07. At the point that the claimant was tolerating oral pain medications the claimant would appear to have been capable of home intravenous antibiotic care. There are no records between 06/06/07 and 06/20/07 that would suggest a deterioration in the claimant's clinical status. There is no indication that there was a concern for ongoing infection or vascular compromise over that time interval. It appears the claimant was kept in the hospital more to monitor him for non compliance with his outpatient level of care. The Reviewer would have expected that home nursing could have evaluated the wound as needed and due to the lack of acute issues over the time interval noted, the Reviewer is unable to justify the hospital stay under question as being medically necessary. ODG does not address length of stay for wound complications.

Milliman Care Guidelines
Inpatient and Surgical Care
11th Edition

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
 - NOT APPLICABLE
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)