

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: August 26, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PICC line, vancomycin 1.5 g q12h x 10 days and Rocephin 2 g IV 1x day x10 days

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

Board certified, nephrology and internal medicine

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (07/13/09, 08/04/09)
- Utilization reviews (07/13/09, 08/04/09)
- Office visits (03/25/09 – 07/24/09)
- Diagnostics (07/08/09)

ODG criteria have not been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who fell off a desk chair hyperextending his left knee and ankle while working on xx/xx/xx.

Initially, Dr. repaired the patient's left knee. On January 7, 2009, Dr. repaired the left ankle ligament for stabilization. However, the patient developed dehiscence and an open wound that apparently got infected. A culture grew

Klebsiella pneumoniae and MRSA. The wound did not heal properly and it continued to be open despite proper care and antibiotics.

In March, the patient underwent daily wound care treatment at . He had an open wound to the left anterior foot. He had been on clindamycin and Levaquin as an outpatient and had failed that treatment. He had had culture of the wound that was positive for enterococcus and bacillus that was sensitive to penicillin G, streptomycin, and vancomycin but resistant to ciprofloxacin, gentamicin, and levofloxacin.

On May 5, 2009, the patient was admitted to for intravenous (IV) antibiotics and further wound care. He had been taking clindamycin and Levaquin as well as a medication for high blood pressure. History was significant for left knee surgery years ago. He was diagnosed with infected left ankle wound resistant to outpatient antibiotics, and hypertension. He was started on IV vancomycin and oral lisinopril; recommended a 2-D echo; and was monitored for fluids, electrolytes, and nutrition. In July, the patient was referred to Dr. for chronic left wound.

On July 7, 2009, , M.D., noted the patient had fever from time to time and significant pain in the surgical area. He was using crutches to walk. On examination, there was slight drainage in the left foot incision that was surrounded by some swelling and redness, and had significant pain. The culture collected on June 25, 2009, showed Klebsiella pneumoniae and MRSA. Dr. diagnosed polymicrobial foot wound infection and cellulitis and suspected osteomyelitis because of the duration of infection. He prescribed vancomycin 1.5 g q.12h and Rocephin 2 g IV once a day for ten days and recommended magnetic resonance imaging (MRI) of the foot, CBC, and comprehensive panel.

MRI of the left hind and midfoot showed postoperative changes suspected with metallic artifacts in the soft tissues laterally, changes of cellulitis (no definite evidence of acute osteomyelitis was seen), and mild changes of tenosynovitis of the tibialis posterior.

On July 13, 2009, , M.D., denied the request for PICC line, vancomycin, and Rocephin with the following rationale: *"The MRI of the left hindfoot and midfoot did document changes of cellulitis but no definite evidence of acute osteomyelitis. Wound culture official report on xx/xx/xx, did not include Klebsiella pneumoniae and MRSA. Wound culture preliminary report on May 7, 2009, reported 2+ gram positive cocci, ID and susceptibility to follow. The patient had cellulitis. Although IV therapy can be indicated, the use of the requested Peripherally Inserted Central Catheter (PICC) generally was used for prolonged IV antibiotic treatment. The requested duration of treatment is 10 days. Further information is needed to make a certification determination."*

On July 17, 2009, the patient reported to be doing well, taking vancomycin and Rocephin without any problems. He still complained of pain in the ankle malleolar area. The incision had healed. There was a small opening, and dark discoloration, but the swelling and redness had essentially resolved. There was significant amount of pain on palpation in the area. Dr. diagnosed polymicrobial wound infection, cellulitis, tenosynovitis, Klebsiella pneumoniae, and MRSA; recommended continuing vancomycin and Rocephin for another seven to ten

days; and scheduled the patient for CBC, comprehensive panel, and vancomycin trough level.

On July 24, 2009, Dr. noted the patient had no complaints but was afraid of stopping vancomycin and Rocephin as he felt he had improved significantly with these two IV antibiotics. Dr. decided to administer vancomycin and Rocephin for another ten days.

On August 4, 2009, , M.D., denied the appeal for PICC line, vancomycin, and Rocephin with the following rationale: “ *the nurse stated that the PICC line and IV antibiotics are not necessary as the attending has discontinued the IV antibiotics and she is on oral doxycycline.*”

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

The documentation indicates that on the most recent evaluation by Dr (on 7/24/09) before the date in question 7/29/09, that the claimant’s ankle wound was healing well and showed no evidence of active infection. By 7/29/09 he had already received three weeks of IV vancomycin and Rocephin, in addition to IV antibiotics administered prior to 7/8/09 (duration and exact antibiotic regimen cannot be determined). The MRI of the foot and ankle dated 7/8/09 showed no osteomyelitis. Last, there is no record provided of the cultures from 6/25/09 which reportedly grew Klebsiella pneumoniae and MRSA.

The absence of osteomyelitis on the MRI, the lack of evidence of infection on the 7/24/09 examination, the lack of an immunocompromised state (ie diabetes, organ transplant, HIV), and the fact that the claimant had already completed a prolonged course of IV antibiotics as of 7/29/09 indicate that vancomycin 1.5 gram IV every 12 hours and Rocephin 2 grams every 24 hours were not medically necessary.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

Official Disability Guidelines do not provide adequate information regarding treatment of cellulitis or deep skin infection and thus were not used in this review. I have relied on my medical judgment and extensive clinical experience in treating patients with infections similar to this claimant’s infection.