



Amended February 9, 2010.

### REVIEWER'S REPORT

**DATE OF REVIEW:** 01/30/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Lumbar surgery, delayed primary closure of wound with inpatient two-day length of stay.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who had suffered postoperative infection complications.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. ZRC forms
2. TDI referral forms
3. Denial letters 12/30/09 and 01/07/10
4. Requestor records
5. M.D., office visits 12/15/09 and 12/01/09
6. Operative report, 11/12/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who suffered an injury on the job on xx/xx/xx. He underwent a primary spine surgery on 03/04/09 and suffered a late complication of infection. Debridement surgery of an infected spine surgery wound occurred initially on 11/04/09 and then subsequently on 11/12/09. The patient has been packing his wound at home and has been treated with intravenous antibiotics under the direction of an infectious disease specialist. Subsequently the wound was felt ready for delayed primary closure. The

problem has been the request for two-day length of stay. The request for primary closure of the wound with two-day length of inpatient stay has been considered and denied, reconsidered and denied.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The patient has suffered a delayed infection of an operative site requiring debridement surgery. The wound was left open and was packed until granulating appropriately. Delayed primary closure was scheduled as an outpatient. However, two-day length of stay has been requested. The two-day length of stay has not been supported by specific indications. The prior denials appear to have been appropriate and should be upheld.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)