

<b>Case Number:</b>	CM13-0060952		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant, a 59-year-old female, sustained an injury to her right foot after being run over by a forklift on September 26, 2013. The records provided for review indicate an initial open reduction internal fixation with debridement of the great toe fracture. Following the procedure, the claimant developed necrotic tissue and significant breakdown of the foot that resulted in the need for an October 6, 2013, great toe amputation and debridement. The claimant was discharged on October 7, 2013. On October 11, 2013, the claimant was readmitted to the hospital for non-documented reasons. The records for review include an October 9, 2013, postoperative physical therapy assessment but no further clinical documentation after October 11, 2013. This retrospective request is for an inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO INPATIENT STAY:** 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), Ankle procedure, Hospital length of stay (LOS) guidelines: Toe Amputation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle procedure, Hospital length of stay (LOS) guidelines: Toe Amputation.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria addressing inpatient hospital stay. According to Official Disability Guidelines (ODG), the inpatient stay between October 6, 2013, and discharge on October 7, 2013, following amputation of the claimant's toe would have been medically necessary. The ODG recommends an inpatient stay of up to seven days following toe amputation based on underlying clinical factors. However, there are no medical records regarding the readmission in question beginning October 11, 2013, and continuing for an unspecified period. Medical documentation to include diagnosis, patient condition, treatment, and progress during the hospitalization is not provided. Therefore, in absence of clinical records for the October 11, 2013 admission, the request for a retro inpatient stay cannot be supported as medically necessary.