

<b>Case Number:</b>	CM14-0064884		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This 38-year old lighting technician reported injuries to his R foot and ankle after slipping on a wet floor and falling on 1/24/13. He apparently had a subsequent injury when a ladder on which he was working broke and he fell onto the same foot. He weights 400 lbs. There are very few reports written by the primary provider in the available records. It is unclear what treatments he received prior to surgery. A preoperative report dated 4/10/14 states that the patient's current medications included Wellbutrin, Norco 10/325, and Fentanyl patches. The patient had seen a pain management specialist, who recommended a possible extended stay in the hospital for up to 7 days to manage post-operative pain. Diagnoses included calcaneo-navicular tarsal coalition, posterior tibial tendon dysfunction, lateral impingement syndrome, accessory navicular, equinus and limb pain, all on the right side. Surgery was performed on 4/16/14, and consisted of a calcaneo-navicular coalition resection with interposition of EDB muscle belly, calcaneal osteotomy, medial cuneiform osteotomy, resection of accessory navicular, and posterior tibial tendon repair. He had initially been authorized for a single post-surgical hospital day. However, 6 more days were requested because it was not possible to control the patient's pain on oral medications. These were not authorized. The patient was discharged on 4/19/14 after demonstrating that his pain was tolerable on oral pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL INPATIENT HOSPITAL DAYS:** Overturned

**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 (ODG), hospital length of stay (LOS) guidelines, foot and ankle. Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review services for clinicians ([www.uptodate.com](http://www.uptodate.com)), Management of postoperative pain

**Decision rationale:** Although the ODG guidelines cited above do not specifically address the surgery performed on this patient, they do address a variety of foot and ankle surgeries. The best practice target with no complications varies by type of surgery, and ranges from 2 to 9 days. The best practice target with no complications for an ankle arthrotomy is five days. The UptoDate reference above states that patients who are using opioids chronically should be monitored closely. Their analgesic needs may already be high, and often increase in the postoperative period. A continuous Patient-Controlled Analgesia (PCA) pump may be needed to control pain effectively. For morbidly obese patients, postoperative analgesia via the epidural route is suggested to reduce the risk of respiratory depression. Given that this patient weighs 400 pounds and was on both Norco and Fentanyl before his surgery it should have been obvious that complications, especially pain control, were likely. Authorizing 6 additional days, which would have brought the total stay to 7 days, would have been medically reasonable. Based on the guideline cited above and the medical findings in the case, six additional hospital days were medically necessary at the time the request was made.