

<b>Case Number:</b>	CM15-0119115		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/11/1991
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 58 year old male who sustained an industrial injury on June 11, 1991. He has reported a right hip infection and has been diagnosed with failed R THA/chronic infection. Treatment has included pain medication, antibiotics, cleansing, and a wound vac. The injured worker admits to small drainage. It is noted he ambulates with a slight antalgic gait. Right hip had a 2 x 2 wound and a mid-incision with moderate drainage and decreased swelling. The treatment request included an inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient stay of 33 days provided April 4 to May 7, 2015:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Hospital length of stay Infectious disease section, Bone and joint infections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, inpatient stay 33 days April 4, 2015 through May 7, 2015 is not medically necessary. The guidelines recommend the median length of stay based on technical surgery or best practice target length of stay for cases with no complications. According to the bone and joint infection section of the ODG, management is heterogeneous due to lack of clear evidence for treatment including the difficulty with management and high risk of failure. For additional details see the official disability guidelines hospital length of stay examples. In this case, the injured workers working diagnosis is failed right total hip arthroplasty with chronic infection. The date of injury is June 11, 1991. The injured worker has a chronic infection involving a prosthetic right hip. The injured worker was admitted to the hospital after 40 mL of cloudy fluid was aspirated from the right On April 1, 2015. The injured worker was admitted to the hospital on April 4, 2015. In a progress note dated April 6, 2015 the injured worker was noted to be ambulatory, on a regular diet, abnormal labs including a normal white blood cell count and had saline lock. On April 9, 2015 the injured worker went to the operating room for excision for the phlegmon; debridement of skin, subcutaneous tissue, fascia, muscle (19 x 12 cm); placement of antibiotic impregnated absorbable implants; application of VAC system, partial closure of fascial plane tissues, removal of deep foreign body wire times 2. On April 10, 2015 the injured worker was noted to be out of bed ambulating as tolerated and received Vancomycin IV. The injured worker was then scheduled for a PICC line several days later. It is unclear from the documentation why a PICC line was not placed upon admission to the hospital on day one based on anticipated prolonged antibiotic administration. On April 13, 2015 the documentation shows the injured worker is a febrile with normal vital signs. A PICC line was placed. Several additional procedures were performed in the latter two weeks of April 2015. The documentation does not contain clinical information to substantiate an inpatient hospital stay from April 4, 2015 through May 7, 2015. There were multiple consecutive days where the injured worker remained in the hospital where acute services were not being rendered. There was no clinical indication for postponing PICC line placement. There is no clinical indication and rationale for the injured worker remaining in the hospital for the duration of an inpatient stay in the absence of acute care services being rendered. Many of these services could have been provided in an outpatient setting after placement of a PICC line. The guidelines recommend the median length of stay based on technical surgery or best practice target length of stay for cases with no complications. The 33 day inpatient hospitalization is not clinically indicated. The injured worker required a wound debridement and subsequent closure that, in turn, required a hospital-based state. However, the medical records do not establish a 33 day inpatient hospital admission. The injured worker could have presented as an outpatient for several of these procedures with a reevaluation in the immediate postoperative phase to determine whether an overnight stay or several overnight stays were clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and multiple consecutive days where the injured worker remained in the hospital where acute care services were not being rendered, inpatient stay 33 days April 4, 2015 through May 7, 2015 is not medically necessary.