

Case Number:	CM13-0046356		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2006
Decision Date:	04/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with a date of injury of 06/19/2006. The listed diagnoses per [REDACTED] are: 1. Varicose veins lower extremities with ulcer 2. Varicose veins lower extremities with edema, pain, swelling 3. Edema 4. Essential hypertension-benign 5. Osteoarthritis and allied disorders According to report dated 10/23/2013 by [REDACTED], the patient developed DVT in the right thigh after a lumbar procedure 2 years ago. He has intermittent small ulcers on the lower leg and a larger more painful ulcer on the lateral lower leg. Examination revealed wound at right distal lower leg, partial thickness venous ulcer, which has not healed yet. There is a small amount of serous drainage noted. Patient reports a pain level of 0. The skin exhibited edema and hemosiderosis. An Unna Boot was applied to the right lower leg. Wound was cleaned and dressing changed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKILLED NURSING SERVICES FOR WOUND CARE AND DRESSING CHANGES FOR THE RIGHT LOWER LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: This patient has DVT and presents with an ulcer on the lateral lower leg. Treater is requesting "skilled nursing services for wound care and dressing changes." The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, there are no discussions regarding the patient's functional level or why the patient is unable to change the dressings himself. Furthermore, the treater does not specify frequency of the treatment and the time frame for services without these specifics the requested skilled nursing service cannot be considered. Recommendation is for denial.