

Case Number:	CM13-0049362		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2012
Decision Date:	02/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 physician 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 41 year old male who had had a complex traumatic injury to his left lower extremity on 7/25/12 while working as a firefighter. He had multiple surgical treatments on his left leg that included multiple wash-out and debridement's' as well as operative reduction and internal fixation of a calcaneal fracture and a tibial fracture on 8/9/12 and soft tissue coverage with a micro vascular free flap and overlying skin graft on 8/14/12. From follow-up dated 1/14/13 the bulk of the soft tissue flap had produced 'some hind foot valgus during gait.' He had healed well initially but required calcaneal hardware removal and bony debridement on 1/31/13. The patient was noted to have excessive bulk of his free flap that prevented him for wearing a shoe. Thus, a request was made for debulking of the flap with liposuction as well as recontouring of the flap with an adjacent tissue transfer. Utilization review dated 10/22/13 denied the request stating as reasoning that 'there is no documentation of activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair(bulky appearance after lower leg reconstruction with free flap transfer).

IMR ISSUES, DECISIONS AND RATIONALES

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

Debulking of foot/ankle flap with lipo and adjust tissue transfer: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Full-thickness skin graft as a one-stage debulking procedure after free flap reconstruction for the lower leg" article "Liposuction for debulking free flaps". Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Lin TS1, Jeng SF, 'Full-thickness skin graft as a one-stage debulking procedure after free flap reconstruction for the lower leg.' *Plast Reconstr Surg.* 2006 Aug; 118(2):408-12. Lin TS, Jeng SF, Chiang YC 'Resurfacing with full-thickness skin graft after debulkin

Decision rationale: The patient is well-documented to have suffered severe trauma to his left foot and ankle. He had undergone multiple procedures for bony fixation and soft tissue reconstruction. He is documented to have excessive bulk from his free flap reconstruction. This is not uncommon as documented in the above references. In addition, the patient is noted to have a functional deficit related to this bulk, including inability to wear a shoe and some gait abnormalities. As documented in the first 2 references, functional and appearance related issues can be associated with bulky soft tissue reconstructions. From the 1st reference, 'Bulky appearance is one of the major patient complaints after lower leg reconstruction with free flap transfer. This unsatisfactory outcome results from protuberance of the reconstructed section and an unequal limb diameter when compared with the normal side. Serial debulking procedures, such as staged excision, can result in some improvement, but these methods are time consuming and do not provide a one-stage procedure for flap thinning, especially for the pretibial area, ankle, and foot. The authors used a full-thickness skin graft as a one-stage debulking procedure to achieve good aesthetic and functional results.' From the 2nd reference, 'A bulky flap on the hand can hamper its range of motion and result to unacceptable cosmeses and poor functions. Conventional debulking procedures cannot provide a one-stage adequate debulking of the hand after free-flap reconstruction.' I would argue that based on the patient's current status, he would require a debulking procedure to improve his function. With respect to the type of debulking procedure, a combination of re-sectional techniques and liposuction can be employed. From the third reference, 'Suction-assisted lipectomy is a useful adjunct technique that allows the micro surgeon to debulk composite tissue transfers safely, without fear of compromising flap viability. The functional and aesthetic results of free flaps can often be enhanced in a single stage, which may not be possible using other conventional procedures.' As stated this can be an adjunct to a more formal resection that is recommended for this patient. From MTUS, ACOEM, chapter 14, referral for surgical consultation may be indicated for patients who have: - Activity limitation for more than one month without signs of functional improvement - Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot - Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. I would argue that this patient satisfies this for surgical consultation. The patient has a well-documented functional deficit that has been present since his recovery/healing from his free tissue transfer (much greater than one month). He was noted to have an effect on gait and his bulky reconstruction was preventing the

Pre-op lab work: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Full-thickness skin graft as a one-stage debulking procedure after free flap reconstruction for the lower leg" article "Liposuction for debulking free flaps" ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Testing.

Decision rationale: MTUS does not specifically address this issue. ODG states preoperative testing can be helpful to stratify risk, direct anesthetic choices and guide postoperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Although this is from ODG related to Low Back, it can be considered appropriate for any reasonable surgical procedure. Given that the procedure should be authorized, based on the ODG, preoperative testing should be authorized as well.