

Case Number:	CM13-0050823		
Date Assigned:	12/27/2013	Date of Injury:	09/21/2013
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation 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 underlying date of injury in this case is 09/21/2013. However, the medical records alternatively discuss a date of injury of 09/02/2013. The patient was seen in orthopedic consultation on 09/30/2013, and the orthopedic surgeon reviewed the patient's history of an injury when a skill saw cut into the patient's left thumb and the patient was subsequently treated with open reduction and internal fixation of the left thumb fracture and underwent a skin graft from his left thigh to his left thumb and hand. The patient continued with discomfort. Motor examination was intact in all fingers, and the patient had full range of motion in all fingers of the left hand and wrist. A dressing was applied, and occupational therapy was recommended for a short-arm thumb spica splint, and twice-daily peroxide pin care was recommended. It is noted that the operative note of 09/22/2013, describes that the patient underwent irrigation and debridement and a split-thickness skin graft in the thenar eminence. A request for daily wound care treatment is part of a request form of 11/04/2013, which also discusses a plan for a left thumb pin removal and references a medical report of 10/14/2013. In turn, an extremely detailed 23-page letter from the treating orthopedic surgeon of 10/14/2013 notes a request for three pins to be removed from the left thumb and also requests authorization for a preoperative clearance by an internist and also notes that the patient requires daily wound care and requests a pool for daily wound care treatment. That note indicates that the patient has sequelae of severe soft tissue trauma to the left hand with extensive soft tissue damage along the thenar eminence and healing wounds. The patient was noted to have three pins coming out of the tip of the thumb and extending across the thumb metatarsal. The treating physician felt the patient required immediate daily wound care and planned additional surgery. An initial physician review in this case indicates that there was no physician certification of the need for wound care and that the need for this treatment had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAILY WOUND CARE TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Donaghy B and AJ Wright. New Home Care Choices for Children with special needs. Caring. 1993; 12(12):47-50.

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

Decision rationale: The Medical Treatment Utilization Schedule, section on home health services, states that treatment is recommended or otherwise recommended medical treatment on a part-time or intermittent basis up to 35 hours per week. This treatment may include nursing services where necessary. In this case, the medical records outline that the patient has an ongoing wound with hardware in place and with concern by the physician that the patient required immediate wound care and an additional surgery for hardware removal. An initial physician review stated that the physician had not certified the need for wound care treatment. It appears that that physician may not have had access to the extremely detailed 23-page note by the treating orthopedic surgeon outlining in detail the need for current wound care and for additional surgery. The need for this wound care is clearly supported in that detailed record from the treating orthopedic surgeon. This request is medically necessary.