

Case Number:	CM13-0067753		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2002
Decision Date:	05/12/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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 Pediatric Rehabilitation and Medicine, and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 08/14/2002. The mechanism of injury was not provided. The patient is currently diagnosed with ulcer of the lower limb, other lymphedema, gangrene, pain in a joint, edema, and morbid obesity. A request for authorization was submitted by [REDACTED] on 12/04/2013 for an [REDACTED] Wound Care System for 1 month. However, the latest Physician's Progress Report submitted for this review is documented on 11/19/2013 by [REDACTED]. The patient has undergone knee surgery from a work-related injury, and has since suffered from massive leg swelling. The patient presented to [REDACTED] on 11/19/2013. The patient has been previously treated with a compression wrap. The patient was pending authorization for an [REDACTED] Wound Care System to promote rapid wound closure. Physical examination of the wound on the right lower extremity revealed full thickness lymphedema, 2 cm x 0.9 cm x 0.1 cm measurements, a moderate amount of serous drainage, negative odor, 1-25% epithelialization, 1-25% slough, 51-75% bright redness, spongy granulation, edema and excoriation in the periwound area, and no signs or symptoms of infection. Surgical debridement was performed by [REDACTED] on that date. Treatment recommendations at that time included weekly dressings with topical Xylocaine and continuation of compression wrap therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] WOUND CARE SYSTEM; 1 MONTH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Burn Procedure Summary last updated 5/7/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Wound Dressings and Burn Chapter, [REDACTED] wound matrix ([REDACTED])

Decision rationale: The Official Disability Guidelines state wound dressings are recommended in the following combination: debridement stage, hydrogels; granulation stage, foam and low adherence dressings; epithelialization stage, hydrocolloid and low adherence dressings; and epithelialization stage of acute wounds, low adherence dressings. An [REDACTED] Wound Matrix System is recommended when there is excessive skin loss that requires alternative to skin grafting or when healing is significantly delayed with standard treatment alone. As per the documentation submitted, the physician has attempted to heal this patient's wound for several months now. The patient has been treated with compression wraps and dressing changes without significant improvement. There is documentation of delayed healing despite standard treatment. The physician has also recommended skin grafting; however, the patient wishes to treat conservatively. Based on the clinical information received and the Official Disability Guidelines, the request for [REDACTED] Wound Care System; 1 month is certified.