MAXIMUS Federal Services

Case Number:	CM13-0071681		
Date Assigned:	01/08/2014	Date of Injury:	02/11/2013
Decision Date:	06/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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, 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 injured worker is a 56-year-old male who reported an injury on 2/11/13. The injured worker sustained a fracture to his right tibia and underwent a closed reduction and internal fixation of the lateral malleolus on 2/5/13 with subsequent hardware removal on 9/17/13. The injured worker developed a postoperative infection with wound dehiscence and was treated with antibiotics and a Wound VAC placement. The injured worker was evaluated on 10/24/13. It was documented that the injured worker had wound closure at a very slow rate and prediction for complete closure was documented as 1-2 months. It was documented that the wound appeared benign with no spreading erythema or evidence of dehiscence with beefy, normal-appearing granulation at the tissue site. Continued wound care and Wound VAC were requested. A wound care note dated 12/12/13 documented that the injured worker's wound was nearly healed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKIN SUB GRAFT OF THE TRUNK/ARM/LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zaulyanov, L, et. al. A review of bi-layered living cell treatment (Apligraf) in the treatment of venous leg ulcers and diabetic foot ulcers/ Clin Interv Aging. 2007; 93-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines do not address this request. The Official Disability Guidelines recommend skin grafts for appropriately identified candidates; however, the clinical documentation submitted for review indicates that the injured worker's wound is almost completely healed. Therefore, the need for a skin graft is not clearly indicated. As such, the request is not medically necessary.