

Case Number:	CM13-0071705		
Date Assigned:	01/08/2014	Date of Injury:	02/11/2013
Decision Date:	05/29/2014	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 Orthopedic Surgery 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:

This 54-year-old male sustained an industrial injury on 2/11/13, when he slipped in gravel and rolled his right ankle resulting in a fibula fracture. He underwent an open reduction and internal fixation of the right lateral malleolus on 2/15/13 and subsequent hardware removal on 9/17/13. The initial post-operative course was complicated by infection and wound dehiscence that resolved prior to the hardware removal. The 10/10/13 orthopedic report documented a recurrent wound infection with dehiscence. The treatment plan recommended frequent dressing changes and continued antibiotic therapy. Physical exam indicated the wound was stable with erythema and drainage decreased. The 10/24/13 orthopedic report noted patient concern regarding a bulging at the wound site. Physical exam noted the wound appeared benign with no spreading erythema and beefy normal-appearing granulation. The bulging was simply a muscle contracture. The wound was noted to be very slowly closing and the orthopedist opined it may be a month or two before complete. Wound VAC was recommended for 2 to 4 weeks. The 11/1/13 utilization review recommended authorization of 4 week wound VAC and four wound care sessions. The 11/4/13 and 11/14/13 orthopedic chart notes indicated the wound was slowly healing and closing. Wound care clinic treatment was initiated on 11/14/13. The 12/3/13 utilization review recommended that the 11/25/13 request for negative pressure wound therapy/wound care nursing visits, one time per week for 5 months and Apligraf application and right ankle debridement one time per month for 5 months is not medically necessary. Denial was based on the absence of medical necessity for protracted treatment of a wound that was progressing nicely and showed granulation tissue. The 12/16/13 orthopedic notes stated the wound was nearly healed and requested authorization to begin physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEGATIVE PRESSURE WOUND THERAPY/ WOUND CARE NURSING VISITS, ONE TIME PER WEEK FOR FIVE MONTHS AND APLIGRAF APPLICATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Negative Pressure Wound Therapy (NPWT), Vacuum-Assisted Closure Wound-Healing.

Decision rationale: Under consideration is a request for negative pressure wound therapy (NPWT)/ wound care nursing visits, one time per week for five months and Apligraf application. The California MTUS does not provide applicable recommendations. The Official Disability Guidelines for ankle/foot injuries recommend NPWT in the treatment of diabetes-associated chronic leg wounds and diabetic ulcers of the feet. Guidelines indicate that vacuum-assisted closure wound healing is under study for all other wounds. There is poor quality evidence to suggest that healing of other wounds may be accelerated. . Apligraf is a bioengineered skin substitute used on diabetic foot ulcers or venous stasis ulcers after conventional dressings have been tried and failed. Guideline criteria have not been met. Guidelines do not support the use of NPWT for post-operative wound infection and dehiscence; there is no evidence of diabetes or venous stasis. The chart notes indicated that the wound was slowly healing with normal granulation as of 10/24/13 and nearly healed by 12/16/13, allowing progression to physical therapy. The medical necessity of wound VAC, nursing care, and Apligraf application for five additional months in an established healing post-op wound with normal granulation was not established. Therefore, this request for negative pressure wound therapy (NPWT)/ wound care nursing visits, one time per week for five months and Apligraf application is not medically necessary.

RIGHT ANKLE DEBRIDEMENT ONE TIME PER MONTH FOR FIVE MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Wound Dressings; Burns, Debridement.

Decision rationale: Under consideration is a request for right ankle debridement one time per month for five months. The California MTUS does not provide applicable recommendations. The Official Disability Guidelines indicate that debridement is used to clean dead and contaminated material from a wound to aid in healing, increase the tissue's ability to resist infection, and decrease inflammation. Guideline criteria have not been met. The records indicate that the wound was slowly healing and granulation had a normal appearance as of 10/24/13 and

was nearly healed by 12/16/13. There is no indication that continued monthly debridement over 5 months, as of 11/25/13, would be medically reasonable or appropriate. Therefore, this request for right ankle debridement one time per month for five months is not medically necessary.