

Case Number:	CM14-0133903		
Date Assigned:	09/08/2014	Date of Injury:	06/19/2006
Decision Date:	11/06/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine 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 patient is a 57-year old male who was injured on 06/19/2006. The mechanism of injury is unknown. Prior treatment history has included the following current medications: doxycycline 100 mg, atorvastatin 20 mg, Metoprolol 25 mg, Warfarin 2 mg, omeprazole 20 mg, Amlodipine 30 mg, oxycodone 5 mg, and tramadol 50 mg. There are no other records of previous treatment, physical therapy or home exercise program. Progress note dated 07/01/2014 documented the patient to have complaints of continued weight gain. His weight has increased from 282 pounds to 305 pounds. He states that his weight has continued to go up due to persistent sedentary standards. The patient states that at night he gags for air at night. He has increasing stiffness in both of his legs. He has been approved for aquatic therapy but he cannot do aquatic therapy at the time due to the fact that he still has a persistent open wound and is never to go into a pool. The patient would like for some type of physical therapy to increase mobility and improve his ambulation. The patient denied any chest pain or shortness of breath. Objective findings on exam reveal the patient is obese. The extremities are wrapped as per Wound Care Center, they are not taken off. Diagnosis: 1. History of recurrent DVT with venous varicosities and venous stasis ulcers. 2. Morbid obesity 3. Hypertension 4. Suspicious for obstructive sleep apnea 5. Orthopedic injuries Utilization report dated 07/23/2014 denied the request for RN visit for daily wound care 7 days a week for 2 weeks because there is no data to support a skilled level of care. There is only a need for a custodial level of care. Regarding the 1 box of tongue dispenser there is a lack of documentation to support the need for tongue blades. Regarding the 50 sterile gloves, the request was denied because there is no data to support the wound care needs to include the use of sterile gloves. Regarding 50 ABD pad large, was denied because there is only a need for topical gauze bandage. Regarding Adaptec gauze, denied the request because there is only a need for topical gauze bandage per the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN visit for daily wound care 7 days a week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.med-quest.us/PDFs/RFP%20Documents/LOCMATRIX_final%20011502.pdf

Decision rationale: The guidelines recommend home health services for medical treatment for patients who are homebound on a part time or intermittent basis. Medical treatment does not include services such as shopping, cleaning, laundry, bathing, dressing, or toileting. The clinical documents did not adequately identify the specific RN needs. Daily RN visits for 2 weeks is a significant number of visits and it is not clear why this many visits are required. It is unclear why the patient is unable to care for his own wounds from the documents provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of RN visit for daily wound care 7 days a week for 2 weeks is not medically necessary and appropriate.

One box of tongue dispensers: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.wisegeek.com/what-is-a-tongue-depressor.htm>

Decision rationale: The guidelines in general do not recommend tongue dispensers as part of medical supplies. From the documents provided it is unclear what the indication is for tongue dispensers. It is not clear from the documents provided how a tongue dispenser will be used in the management of the patient's wounds. The request did not include a frequency of use for the tongue dispenser. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of one box of tongue dispensers is not medically necessary and appropriate.

Sterile glove#50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000452.htm>

Decision rationale: The guidelines in general do not recommend sterile gloves as part of wound care supplies. From the documents provided it is unclear what the indication is for sterile gloves. It is not clear from the documents provided why sterile gloves are required in the management of the patient's wounds. The request did not include a frequency of use for the sterile gloves. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of 50 sterile gloves is not medically necessary and appropriate.

ABD pad, large #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bandagesplus.com/combined-abd-pad-5-x-9-20-bx>

Decision rationale: The guidelines recommend wound care supplies as deemed necessary by the treating physician. From the documents provided it appears the patient's wounds require topical gauze bandages. It is unclear what the indication is for ABD pads and how the patient would use them in the treatment of his wounds. The request did not include a frequency of use for the ABD pads. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of 50 ABD pad large is not medically necessary and appropriate.

Large Adaptic gauze #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.wisegeek.org/what-is-a-gauze-bandage.htm>

Decision rationale: The guidelines recommend wound care supplies as deemed necessary by the treating physician. From the documents provided it appears the patient's wounds require topical gauze bandages. It is unclear what the indication is for Adaptic gauze and how the patient would use them in the treatment of his wounds. The request did not include a frequency of use for the Adaptic gauze. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of Large Adaptic gauze #50 is not medically necessary and appropriate.