

Case Number:	CM14-0177437		
Date Assigned:	10/30/2014	Date of Injury:	04/20/2011
Decision Date:	12/08/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/27/2014

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 injured worker (IW) is a 29-year-old man with a date of injury of April 20, 2011. The IW was trimming a tree, working with a new tree company. He was quite a ways up the tree about 30 feet and there was plastic wrapped around the tree which was an experimental use of the plastic. It was extremely close to the power wire. He was trying to take his line and unhook it because he realized that it was way too close to the tree and he probably should not move forward to trim it. When he pulled the line, the power arced and he was electrocuted into the hand and up into the arm on the right. He fell approximately 30 feet, landing on his back on the ground. He immediately lost all sensation from the waist down. An ambulance was called and he was immediately airlifted to the hospital. Pursuant to the progress report dated September 30, 2014, the IW complains of ongoing lower extremity spasms and pain as well as back pain. His pain has increased with the cold weather, requiring additional opioid medication. Pain levels were noted to go from 8/10 to 5/10 with medications. Current medications include: MS Contin 15mg, Norco 10/325mg, Klonopin 1mg, Colace 100mg, Baclofen 10mg, Pristiq 50mg, Prilosec 20mg, Midodrine hydrochloride 5mg, Amitiza 24mcg, and Trazadone 50mg. The IW is in a wheelchair and has a diagnosis of paraplegia starting at the T6 level. He had a large ulcer with probable MRSA and bone contamination for which the VAC machine cartridges were prescribed. A progress note dated March 21, 2014 states that his wife has been taking care of his wound care at home..

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VAC machine cartridges refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement

(ICSI).Pressure ulcer prevention and treatment protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI): 2012 Jan.88 p.

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: Institute for Clinical Systems Improvement; Pressure Ulcer Prevention and Treatment Protocol, 2012, January , Page 88

Decision rationale: Pursuant to the Institute for Clinical Systems Improvement; Pressure Ulcer Prevention and Treatment Protocol, 12 VAC machine cartridge refills are not medically necessary. The Chronic Medical Treatment Guidelines and the Official Disability Guidelines do not address this issue. They make no recommendations regarding the treatment of pressure ulcers and alternative guidelines were sought. Pressure ulcer prevention and treatment protocol address adjunct therapies that can augment the healing process for pressure ulcers in any phase of wound healing as long as the standard of care implemented. The guidelines state negative pressure wound therapy devices apply negative pressure to the wound bed. This technology should be applied by a clinician (registered nurse, physical therapist, physician, etc.) trained in its indications, contraindications and precautions. It is a skilled application with risk if not done properly and it should be monitored by a clinician for any adverse outcomes specifically frank bleeding. In this case, the treating physician requested cartridge refills for at-home use. This is incongruent to the guidelines that require clinician involvement in its totality (see above). Consequently, the request for 12 VAC machine cartridges refills is not medically necessary.