

Case Number:	CM14-0069370		
Date Assigned:	07/14/2014	Date of Injury:	12/14/2012
Decision Date:	08/13/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 64-year-old male with date of injury of 12/14/2012. The listed diagnoses per [REDACTED] dated 04/07/2014 are: 1. Second-degree burn, foot. 2. Third-degree burn, foot. According to this handwritten report, the patient is status post hot liquid burn on the dorsum of the right foot from 08/19/2013. The patient complains of pain in the foot with decreased range of motion and decreased endurance. He also reports fatigue in the left from compensation for the right foot. The physical exam shows there are areas on the right foot with infection, no open wounds. The rest of the report was difficult to decipher. The utilization review denied the request on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy three times a week for 2 months (24 sessions) for garment measurements and fitting: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages has the following: Physical Medicine Page(s): 98, 99.

Decision rationale: This patient is status post second and third-degree burn on the right foot. The treating physician is requesting 24 sessions of occupational therapy for garment measurements and fitting. The MTUS and ACOEM Guidelines do not address occupational therapy for burn patients, but ODG recommends postsurgical treatment of 16 visits over 8 weeks. The physical therapy reports from 09/20/2013 to 01/10/2014 show some 24 visits. The most recent therapy report dated 01/10/2014 notes that the therapist is requesting 4 additional appointments for garment fitting. In this case, while 4 additional appointments for garment fitting seems reasonable, the treating physician failed to provide a rationale for requesting 24 additional OT sessions. Given the above the request is not medically necessary.

Foot Garment: Overturned

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

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: AETNA, Clinical Policy Bulletin:Burn Garments.

Decision rationale: This patient presents with second and third-degree right foot burn. The treating physician is requesting a foot garment. The AETNA Guidelines on burn garments states that it is recommended and considered medical necessary when all of the following criteria are met:

1. Burn is of documented significance to place the member at risk of a post-burn contracture.
2. The burn garment and physical and occupational therapies are being used with the intent of preventing the need for skin grafting or contractures as a result of hypertrophic scarring.
3. The burn garment is authorized by the primary care physician and/or the treating specialist.

The progress report dated 04/07/2014 notes that patient has a hypertrophic scar on graft with decreased range of motion on the foot. In this case, the patient does meet the criteria for burn foot garment. Given the above the request is medically necessary.