

Case Number:	CM14-0074168		
Date Assigned:	07/16/2014	Date of Injury:	10/01/2003
Decision Date:	08/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgery, has a subspecialty in Spinal 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:

Claimant is 58 years old with a reported industrial injury dated 10/1/03. Claimant is status post spinal cord stimulator placement with subsequent infection. Peer review discussion held on 4/30/14 demonstrates provider requesting cleaning of wound occur at an outpatient facility rather than at patient's home for 14 days. Exam from 4/30/14 documents 1 cm wound gap with serous drainage.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAT additional Home Health Care services for daily packing of incision x 2 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 9th edition WEB 2011 Millman Care clinical guidelines 17th edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: Millman Care Guidelines, 17th edition.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and

Official Disability Guidelines (ODG) are silent on the issue of admission to outpatient facilities for wound care dressing change. An alternative guideline, Milliman care guidelines, 17th edition was sought. It states, Dressing change that requires use of prescription medication or aseptic technique as well as documenting that the patient cannot perform the service himself and there is no able and willing care giver available to support patient's care. In this case there is lack of rationale why 14 days would be required for wound care dressing changes. While initial care at an outpatient facility would be appropriate, follow-up after 3-5 days for reassessment of the wound by the treating provider would be medically necessary. Therefore the 14 day request is not medically necessary and appropriate.