

<b>Case Number:</b>	CM14-0186969		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/09/1980
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 62 year old male with date of injury of 4/9/1980. A review of the medical records indicate that the patient is undergoing treatment for left buttock pressure ulcer, left hip ulcer on the right trochanter and a sacral wound. Subjective complaints include continued pain and oozing from ulcers. Objective findings include unhealed stage 4 ulcers on the left buttock, hip and sacrum. Treatment has included surgery on 8/8/2014. The utilization review dated 10/18/2014 non-certified a negative pressure wound therapy electric pump station/portable for non-healing surgical wound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Negative pressure wound therapy electric pump station/portable for non healing surgical wound DOS 08/08/14-09/06/14:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Vacuum-assisted closure wound-healing

**Decision rationale:** MTUS is silent on this topic, but ODG states the following: "Recommended in the treatment of diabetes-associated chronic leg wounds and diabetic ulcers of the feet. Under study for other wounds. Chronic skin wounds (including pressure ulcers, diabetic ulcers, and vascular ulcers) are a major source of morbidity, lead to considerable disability, and are associated with increased mortality. Vacuum-assisted closure therapy is a technology designed to improve wound healing. The body of evidence is insufficient to support conclusions about the effectiveness of vacuum-assisted closure in the treatment of wounds. Trial protocols provided by the manufacturer of the V.A.C. device ( ) outline much larger trials that are condition-specific and address many of the quality problems found in the published studies. (Samson-AHRQ, 2004) A tremendous amount of research has been conducted in recent years investigating the mechanisms of action by which the application of subatmospheric pressure to wounds increases the rate of healing."The employee does not have diabetes-associated chronic leg wounds. There is insufficient evidence to support the effectiveness of this device for other types of wounds. Therefore, the request for a negative pressure wound therapy electric pump station/portable for non-healing surgical wound is not medically necessary.