MAXIMUS Federal Services

Case Number:	CM14-0192821		
Date Assigned:	12/01/2014	Date of Injury:	06/08/2006
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice 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 is a 53 year old diabetic male claimant who sustained a work injury on 6/8/06 involving the left knee. He had undergone a knee arthroplasty. He acquired a deformity of the left knee and a chronic prosthetic polymicrobial infection. In July 2014 he had undergone an incision and drainage of a left knee wound and was discharged to home care for IV antibiotics and negative pressure wound dressing changes for several months. On 10/10/14 he had an antibiotic spacer placed in the knee. On 10/14/14 he underwent another debridement of a left knee wound (20x5cm) and was covered with vacuum assisted closure. He was provided IV antibiotics for his infection as well. Upon discharge from the hospital a request was made for a skilled nursing facility admission for IV antibiotics and Wound VAC dressing changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility-left knee wound VAC IV antibiotics - Ceftriaxone IV daily (DAYS) QTY: 42: 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 Official Disability Guidelines (ODG) Knee and Wound VAC

Decision rationale: According to the ODG guidelines, Wound VAC is safe, and will accelerate healing, to justify its use in the treatment of diabetes-associated chronic leg wounds. The guidelines do not comment on need for IV antibiotics or Wound VAC in a skilled nursing setting. The claimant had previously obtained wound VAC and IV antibiotics at home. There was no indication why this would not be able to be performed again along with follow-ups in an outpatient clinic. There is also no indication why the entire 42 days of treatment need to be performed in a skilled unit. Therefore the request for 42 days of skilled nursing is not medically necessary.