

<b>Case Number:</b>	CM15-0205053		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/03/1995
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 63 year old female, who sustained an industrial injury on 12-3-1995. The injured worker is undergoing treatment for wound dehiscence. Medical records discharge summary dated 8-21-2015 indicate lumbosacral fusion without complications and discharge to skilled nursing facility. Medical record dated 9-15-2015 indicates the injured worker complains that her wound is unchanged. The treating physician indicates a wound culture revealed MRSA and the injured worker was started on antibiotic treatment. Physical exam dated 9-15-2015 notes "wound edges are somewhat necrotic, though the wound itself has not opened up nor dehisced." The treating physician indicates the injured worker is to be discharged home with home nursing. Treatment to date has included spinal fusion, medication, wound care, labs and antibiotic treatment. The original utilization review dated 9-30-2015 indicates the request for Outpatient referral to wound treatment center every other day for 6 weeks is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient referral to wound treatment center every other day for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section on burns.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns (wound care).

**Decision rationale:** MTUS does not specifically address outpatient referral to wound treatment centers. However ODG does cover outpatient treatment for burn wounds. The request is for every other day treatment for 6 weeks. The patient has a documented wound infection with MRSA and the treatment has included antibiotics. A recent exam showed that wound margins "looked necrotic." Drainage from the wound is noted to be serous versus purulent. There is inadequate information provided in the request regarding the nature of the proposed treatment at the wound care center. The clinical findings do not adequately establish the medical necessity of the proposed intensive wound care treatment; therefore the request is not medically necessary or appropriate.