

<b>Case Number:</b>	CM15-0217780		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 27 year old male who sustained an industrial injury on 01-27-2015. A review of the medical records indicated that the injured worker is undergoing treatment for a right leg crush injury and post-operative infection. The injured worker is status post an open reduction internal fixation of the right distal tibia and fibula with external fixator on 01-28-2015 followed by a right leg split thickness graft right lateral calf on 02-08-2015 and incision and drainage of abscess with vac placement on 04-02-2015. According to the treating physician's progress report on 10-08-2015 and 10-09-2015, the injured worker continues to have an open wound and experiences pain in the right knee with occasional swelling rated at 4-5 out of 10 on the pain scale. The open wound measures 0.2cm in length, width and depth. A scant amount of serous drainage was noted with well-defined wound margins. The peri-wound area skin is dry with normal texture, temperature and color and no signs or symptoms of infection. Right knee flexion was 110 degrees and extension was 5 degrees with atrophy of the quadriceps. Local pulse was absent. Prior treatments have included diagnostic testing, surgery, physical therapy (at least 18 completed), walker, cane, wound care, compression stocking, antibiotics, crow boot, multi podus boot at night time psychiatric support and medications. Current medications were listed as Norco and Nalfon. Treatment plan consists of a replacement multi podus boot, discontinue Crow boot, physical therapy, collagen gel application, A&D ointment and the current request for 6 follow-up visits with an infectious disease specialist. On 10-29-2015 the Utilization Review modified the request for 6 follow-up visits with an infectious disease specialist to 3 follow-up visits with an infectious disease specialist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 Follow up visits with an infectious disease specialist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Based on the 10/9/15 progress report provided by the treating physician, this patient presents with constant right leg pain and right ankle pain with instability/weakness in the right leg, as well as intermittent right knee pain and lumbar spine pain. The treater has asked for 6 Follow up visits with an infectious disease specialist but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is using a cane to assist him up and with walking, and has a right limp per 10/9/15 report. The patient has difficulty walking on uneven surfaces as of 10/9/15 report. The patient continues to complain of popping/clicking/stiffness of the right knee, and is wearing a brace per 9/8/15 report. The patient has not had therapy or wound debridement in 6 weeks per 9/8/15 report. As of the 10/9/15 report, the patient's right leg wound was almost completely healed. The patient's work status is temporarily totally disabled as of 10/9/15 report. MTUS guidelines, Pain Outcomes and Endpoints section, page 8 states: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The patient is s/p ORIF right leg with external fixator from 1/28/15, with subsequent split thickness skin graft right lateral calf from 2/8/15. The patient is also s/p incision and drainage of abscess with vac placement form 4/2/15. The patient has a wound in the right lower leg popliteal s/p trauma which measured 8cm x 2.5cm x .01cm with an area of 20 sq cm and volume of 2 cubic cm per 7/1/15 report. Per 10/9/15 report, the patient's wound is almost completely healed. It appears that the treating physician is requesting a follow-up visits with infectious disease specialist to monitor this patient's progress as the wound is healing. Given the patient's recent wound, MTUS supports follow-ups to report on the patient's progress. However, utilization review letter dated 10/29/15 modifies request from 6 to 3 visits considering the patient underwent drainage of abscess on 4/2/15 with wound bed 76 to 100% pink with firm granulation and noted to be improving. Also, the 7/28/15 report states "penwound skin does not exhibit signs or symptoms of infection." The current request for 6 follow up visits with an infectious disease specialist appears excessive and is not in accordance with guidelines. Hence, the request IS NOT medically necessary.