

Case Number:	CM15-0037921		
Date Assigned:	03/06/2015	Date of Injury:	12/10/2007
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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 48-year-old male who sustained an industrial injury on 12/10/2007. Current diagnosis includes status post right lower extremity deep vein thrombosis (DVT) and ulcer. Previous treatments included medication management and wound care. Report dated 01/06/2015 noted that the injured worker presented for follow up for right lower leg deep vein thrombosis (DVT), and ulcer. Physical examination was positive for abnormal findings. Treatment requested included 1 wound care visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wound Care Visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 328, 360.

Decision rationale: The 2/10/15 Utilization Review letter states the Wound Care visit requested on the 12/23/14 medical report was denied because the number of visits was not listed. The

provider was contacted on peer-to-peer and stated the number of visits depends on the wound care center. The request provide for IMR is for one visit to the wound care center. The 12/23/14 internal medicine report is handwritten, and documents a 1 cm diameter small ulcer on the right leg and the physician wants to refer to the wound care center. Apparently, the patient lacerated his right leg on metal scrap on 12/10/07, which developed into cellulitis and peripheral vascular disease. The current diagnosis is postphlebotic syndrome with ulcer and inflammation. MTUS/ACOEM, guidelines do not have a chapter on the leg, but do have chapters for the knee and foot/ankle. The ACOEM guidelines, chapter 13 for the knee, on the Master Algorithm, page 328 shows that under Red Flags for neurovascular compromise, infection, and inflammation that a referral for specialized advice is indicated. ACOEM chapter 14 for the foot/ankle, page 360, Master Algorithm has the same recommendations. The referral to the wound care center is in accordance with MTUS/ACOEM guidelines. The request for a Wound Care visit is medically necessary.