MAXIMUS Federal Services

| Case Number: | CM15-0053277 | | |
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| Date Assigned: | 03/26/2015 | Date of Injury: | 04/20/2011 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

## 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 30 year old male who sustained an industrial injury on 04/20/2011. He was electrocuted into the hand up into the arm on the right. He fell approximately 30 feet, landing on his back. He immediately lost all sensation from the waist down. He underwent immediate back surgery. Later he developed infection with probable methicillin resistant staphylococcus aureus (MRSA). Diagnoses included paraplegia at T6 level with fractures of T6 through T13, large decubitus ulcer of the coccyx area with MRSA and bone contamination/ osteomyelitis with surgical debridements, recurrent urinary tract infections, and erectile dysfunction. Treatments have included surgery, specialist consultations including wound care, plastic surgery, and urology, medications, physical and occupational therapy, and adaptive equipment. Work status was noted as permanently/totally disabled. It was noted that the injured worker has an electric wheelchair and a modified truck which he can drive with hand controls. A progress note of 1/28/14 noted increasing size of the decubitus ulcer with discharge, and a wound vacuum assisted closure (VAC) was recommended. A progress note of 3/31/14 noted that the injured worker was getting on a tractor with hand controls, taking care of cows, and driving a truck. Wound measured 5 by 7 centimeters and almost down to the bone level. Progress note of 9/30/14 notes that with medications, the injured worker is able to function, drive his truck, go places, move around, and do exercises. Use of wound VAC was ongoing. Progress notes from September and December 2014 did not include examination of the decubitus ulcer/wound on the coccyx area. The progress note of 2/18/15 notes that the injured worker continues to have slight open wound in his sacrum and is having ongoing low back pain. He has a wound VAC machine

but does not have the cartridges or sacral patches that go with it. He is also requesting gate openers to get him through his property independently, a ranch hand to assist him 24 hours a week with the upkeep of his property, and a new bed. Objective findings were noted as no significant change. Treatment plan included medications, VAC cartridges, a new bed, 7 electric gate openers, a ranch hand for 24 hours a week and a lumbar spine x-ray. On 3/5/15, Utilization Review (UR) non-certified requests for 1 7 electric gate openers, 1 wound vac cartridges #60, 1 prescription for sacrum patches #60, and 1 ranch hand for 24 hours a week. UR cited the Institute for Clinical Systems Improvement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**17 Electric gate openers:** 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 leg chapter: durable medical equipment.

**Decision rationale:** This injured worker with T6 paraplegia has requested electric gate openers to allow him to get through his property independently. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment that can withstand repeated use (ie could normally be rented and used by successive patients), is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for the prevention of injury, but environmental modifications are considered not primarily medical in nature. Many assistive devices, such as electric garage door openers and other items, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. Electric gate openers do not meet the definition of DME as outlined above. As such, the request for electric gate openers is not medically necessary.

**1 Wound Vac Cartridges #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement. Pressure ulcer prevention and treatment protocol. Health care protocol. 2012 Jan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter: vacuum-assisted closure wound healing.

**Decision rationale:** The ODG states that wound vacuum-assisted closure (VAC) is under study, with conflicting evidence, and that case-by-case recommendations are necessary. Vacuum assisted wound closure is an option in the treatment of deep wound infections after spinal instrumentation in patients with spinal cord injury, and little is known of the complications associated with VAC in the spinal surgery patient population. This injured worker had a spinal cord injury with surgery and subsequent decubitus ulcer/wound infection in the area of the coccyx which was treated with surgical debridements. A wound VAC was prescribed in 2014. Progress notes for the 6 month period prior to the request for equipment associated with the wound VAC did not include physical examination related to the wound. There was no reason provided for continued need for the wound VAC. Due to lack of documentation of specific indications and findings to necessitate continued use of the wound VAC, the request for the associated wound VAC cartridges is not medically necessary.

**Sacrum patches #60:** 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 ODG low back chapter: vacuum-assisted closure wound-healing.

**Decision rationale:** The ODG states that wound vacuum-assisted closure (VAC) is under study, with conflicting evidence, and that case-by-case recommendations are necessary. Vacuum assisted wound closure is an option in the treatment of deep wound infections after spinal instrumentation in patients with spinal cord injury, and little is known of the complications associated with VAC in the spinal surgery patient population. This injured worker had a spinal cord injury with surgery and subsequent decubitus ulcer/wound infection in the area of the coccyx which was treated with surgical debridements. A wound VAC was prescribed in 2014. Progress notes for the 6 month period prior to the request for equipment associated with the wound VAC did not include physical examination related to the wound. There was no reason provided for continued need for the wound VAC. Due to lack of documentation of specific indications and findings to necessitate continued use of the wound VAC, the request for the associated sacrum patches is not medically necessary.

**1 Ranch hand for 24 hours a week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): p. 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, pain chapter: home health services.

**Decision rationale:** The injured worker has requested a ranch hand to assist him in the upkeep of his property. The MTUS recommends home care only for medical services for patients who

are homebound, and excludes unskilled custodial/homemaker services, including cooking, cleaning, personal care etc. The cited Official Disability Guidelines provide a more detailed recommendation for home services, and allows for some personal care and domestic care services. However, the treating physician must supply a more detailed prescription than has been provided in this case, including specific deficits, the provider's level of expertise, and evidence that the injured worker is homebound. This kind of prescription was not provided. In addition, the documentation does not support that the injured worker is homebound. Several progress notes state that the injured worker was able to drive his truck with hand controls to go places. The requested for 1 ranch hand for 24 hours per week is not medically necessary based on the guidelines, lack of documentation of homebound status, and lack of an adequate prescription.