

Case Number:	CM15-0081516		
Date Assigned:	05/04/2015	Date of Injury:	02/27/2007
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 was a 42 year old male, who sustained an industrial injury, February 27, 2007. The injured worker previously received the following treatments wheelchair, podiatry services and right foot debridement of ulcer. The injured worker was diagnosed with spinal cord injury, no voluntary movement of the lower extremities, paraplegic, neuropathy and pressure ulcer to the right foot. According to progress note of February 22, 2015, the injured workers chief complaint was right foot ulcer. The injured worker was being seen by a podiatrist for foot care. The physical exam noted a ulcer present to the right planter foot sub metatarsal head 5 with bruising around it, hyperkeratotic border measuring 1 times 0.5cm with raw skin, from a blister. The x-rays showed osteopenia there were no reactions seen at the 5th metatarsal head. The endocrine system was negative. The treatment plan included for an office visits, ulcer debridement of a right foot ulcer and x-rays of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): chapter 7, 127.

Decision rationale: According to the enclosed information this patient is suffering with an open ulceration to the plantar aspect of the fifth metatarsal head right side. The ulceration measures roughly 1 cm x 0.5 cm. On 2/11/2015 it was noted that there was raw skin and a blister surrounding the ulcer site. X-rays were apparently negative for osteomyelitic changes to the fifth metatarsal. A request has been made for six office visits, six debridement of the ulcer site, and six x-rays. MTUS guidelines, chapter 7, page 127, advises that consults to other specialists are necessary to aid in the diagnosis and/or treatment of a patient. In this particular case six office visits are requested. It is difficult to ascertain whether six visits will be necessary. I feel that one and/or two visits are reasonable, but it is not reasonable to dispense six visits without further evaluation of this patient's ulceration and progress. The above request is not medically necessary.

Ulcer debridement x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical guidelines for type II diabetes: prevention and management of foot problems. www.ncbi.nlm.nih.gov.

Decision rationale: According to the enclosed information this patient is suffering with an open ulceration to the plantar aspect of the fifth metatarsal head right side. The ulceration measures roughly 1 cm x 0.5 cm. On 2/11/2015 it was noted that there was raw skin and a blister surrounding the ulcer site. X-rays were apparently negative for osteomyelitic changes to the fifth metatarsal. A request has been made for six office visits, six debridement of the ulcer site, and six x-rays. While debridement of an ulceration is certainly the correct treatment, it cannot be determined that this patient is in need of six debridement visits. After each debridement, the ulceration should be assessed for further need of wound debridement. In this particular case the patient is also in a CAM Walker which will alleviate pressure from the plantar foot and will facilitate healing. While debridement is a necessary treatment, six visits cannot be preauthorized. Certainly one or two visits is reasonable and then follow up debridement visits as needed. The above request is not medically necessary.

X-ray of the right foot x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373.

Decision rationale: According to the enclosed information this patient is suffering with an open ulceration to the plantar aspect of the fifth metatarsal head right side. The ulceration measures roughly 1 cm x 0.5 cm. On 2/11/2015 it was noted that there was raw skin and a blister surrounding the ulcer site. X-rays were apparently negative for osteomyelitic changes to the fifth metatarsal. A request has been made for six office visits, six debridement of the ulcer site, and six x-rays. According to the MTUS guidelines, x-rays are recommended when red flag issues are noted. In this particular case this patient is suffering within ulceration to the plantar foot which could indeed lead to osteomyelitis. However in this particular case a request has been made for 6 x-ray studies. 1 x-ray study has already been done on this patient's foot noting that there are no signs of osteomyelitis. I feel that possibly 1 or 2 more studies may be reasonable spaced out at a couple of weeks each, but it is difficult to recommend currently that 6 x-ray studies be authorized. The above request is not medically necessary.