

<b>Case Number:</b>	CM15-0084725		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: 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:

This 26 year old male sustained an industrial injury on 1/27/15. The injured worker was diagnosed with right open distal tibia and fibula fractures. The injured worker underwent removal of external fixator and open reduction internal fixation right open distal tibia and fibula fracture with wound Vac placement. On 2/2/15 the injured worker under right leg fasciotomy wound split thickness skin graft. The injured worker received postoperative rehabilitation and wound care in an inpatient rehabilitation facility. The injured worker was readmitted on 3/6/15 due to dehiscence of skin graft and to optimize physical activity. The injured worker underwent an additional course of inpatient rehabilitation. During the course of his care, the injured worker was found to have an abscess of the right posterior leg. The injured worker underwent incision and drainage with placement of a wound VAC. The injured worker was transferred back to inpatient rehabilitation facility on 4/10/15. In an orthopedic surgery clinic postoperative follow-up note dated 4/24/15, physical exam was remarkable for lateral fasciotomy wounded covered with skin graft and showing 100% take, lateral wound posterior margin of fasciotomy clean and granulating, complex popliteal wound granulating well with mild edema and minimal tenderness to palpation. Current diagnoses included status post open reduction internal fixation grade three open right distal tibia/fibula fracture with skin graft to right leg fasciotomy wound, obesity and hypertension. The treatment plan included removing sutures from posterior leg, aggressive ankle and knee range of motion, continue wound Vac until wounds are shallow enough to discontinue, wound redressed and packed, clamshell cast orthosis applied to minimize ankle equinus, follow up with infectious disease physician, weight loss and six weeks additional stay at inpatient

rehabilitation facility for gait training, range of motion and strengthening of right lower extremity given the change to 50% weight bearing, for wound care and continued antibiotic administration.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 Weeks Stay at A Rehab Facility:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, skilled nursing facility.

**Decision rationale:** The ACOEM and California MTUS do not address the requested service. The ODG states skilled nursing facility care is indicated after a hospitalization for a major surgery and the patient has a significant new functional limitation. The patient requires skilled nursing or skilled rehabilitation services or both on a daily basis for at least 5 days a week. Recommend up to 10-18 days in a skilled nursing facility or 6-12 days in an inpatient rehabilitation facility depending on the degree of functional limitation. The request is in excess of these recommendations and therefore is not medically necessary.