MAXIMUS Federal Services

| Case Number: | CM14-0145767 | | |
|---|---|---|---|
| Date Assigned: | 09/12/2014 | Date of Injury: | 12/05/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 29-year-old male who reported an injury on 12/05/2013 after being run over by a forklift back on 12/05/2013. The injured worker suffered a large degloving injury of the plantar surface of his left foot as well as fractures of all 5 of his toes. The injured worker was taken to the operating room for irrigation and debridement of his left foot and percutaneous pinning of all 5 toes. His surgery was done on 12/15/2013. The injured worker was 3 weeks postop. The injured worker developed gangrene of his 4th and 5th toes and they continued to appear to be more wet and the decision was made to take the injured worker back to the operating room for amputation of his 4th and 5th toes on 12/27/2013 to prevent sepsis and infection. Diagnoses were lumbosacral musculoligamentous sprain/strain, compensatory to left, rule out NSAID-induced gastropathy, status post crush injury, left foot with subsequent 4th and 5t amputation, peroneal tendinosis, left foot, hallux valgus secondary to medial column weight bearing, depression, situational, sleep disturbance secondary to pain. Examination on 07/31/2014 revealed the injured worker walked with the use of a rollabout. The injured worker noticed "bubbles" filled with clear liquid at the top and bottom of his left foot 2 days ago. The injured worker rated his pain a 5/10. Examination revealed periwound skin was intact, dry, and flaky. Drainage character was a light amount of drainage noted to be serous. The length of the wound was 0.25 cm. The width was 0.25 cm. Depth was less than 0.25 cm. The wound was cleansed with normal saline and Easy Cleanse. Debridement was performed and Duoderm thin dressing was applied. The injured worker was educated and reviewed on signs and symptoms of infection. The injured worker was explained the benefits of moist wound healing, and wound care. The injured worker was instructed in scar massage, moisturization with lotion, and sun protection for left thigh donor site. Treatment plan was to continue prescribed treatment, patient

education, instruction on performing dressing changes, selective debridement and would care. The rationale was not submitted. The Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DEBRIDEMENT LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Wound Care

**Decision rationale:** The decision for debridement left foot is not medically necessary. The Official Disability Guidelines state wound care is recommended. The injured worker's wound on examination 07/31/2014 revealed a light amount of drainage noted as serous. The injured worker was educated in signs and symptoms of infection. The injured worker was educated in wound dressing. The injured worker's temperature was normal at 97.9 degrees Fahrenheit. The drainage was reported as light amount and as serous. The wound size was reported to be 0.25 cm in length and 0.25 cm in width, depth was 0.25 cm. It was reported that the injured worker has been caring for his wound at home with the help of a caregiver. The injured worker was counseled on signs and symptoms of infection and home wound care. No infection was noted. The rationale for continued debridement of the left foot was not provided. The clinical information submitted for review does not provide information to justify continued debridement of the left foot. Therefore, this request for Debridement Left Foot is not medically necessary.