

Case Number:	CM14-0166547		
Date Assigned:	10/13/2014	Date of Injury:	07/07/2012
Decision Date:	11/13/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 33 year old male with a date of injury on 7/7/2012. He slipped and hit his left leg on a piece of rusty metal. The wound became infected and he was hospitalized for several weeks, receiving skin grafting over his left calf in December 2012 and June 2013. He complains of pain, numbness, and tingling present up to 50% of the time which is aggravated by walking and pressure. He ambulates with a limp and strength for plantarflexion rated as 4+/5. A magnetic resonance imaging dated 12/6/13 found increased sclerosis of cortical margin of mid tibia, which may correspond to healed fracture. He has been declared permanent and stationery on January 14, 2014. The note stated the injured worker is not in need of repeat surgery to left calf. He also has a left L4-5 radiculopathy. On 9/25/14, he presented complaining of humongous scarring on his calf which oozes when he hits it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plastic surgery consultation for (fat/muscle/skin) transposition of left calf, QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Skin & soft tissue infections: cellulitis

Decision rationale: Based on a review of the documents the injured worker has been skin grafted. He indicates he has scarring and the leg can ooze when he hits it. This was first noted 9/14 which is 2 years out from injury. There had been no previous complaints of this and there are no Official Disability Guidelines to support this plastic surgery consultation for fat grafting to a scarred area. There are no significant documented details regarding his left leg to suggest there is an abscess or infection, which would be an indication for plastic surgery consultation. Surgical treatment is also indicated for acute osteomyelitis which has not been documented. Thus, the request does not meet guidelines and is denied.

Pharmacologic assessment and management consultation, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Commonwealth Of Massachusetts Department Of Industrial Accidents Treatment Guidelines Revised February 1, 2012 Effective October 1, 1998 Guideline Number 26 - Chronic Neuromuscular-Skeletal Injury Guideline Number 27 - Chronic Pain.

Decision rationale: The injured worker indicates he does not want to take any pain medications and wants to live with the pain. The injured worker does not desire intervention. Thus, offering this when he, as a capable adult, has indicated his preference, is akin to forcing intervention. In addition, there is no documentation of pain behaviors, excess requests for medications, or failure of standard treatments. In addition, in January 2014 exam, it is indicated he may require nonsteroidal anti-inflammatory drugs with no mention of pain management or need for chronic narcotics. Therefore based on the treatment guidelines, the request for pharmacologic assessment and management consultation is not necessary.