

Case Number:	CM14-0184479		
Date Assigned:	11/10/2014	Date of Injury:	01/28/2010
Decision Date:	12/18/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 40 year old female who had an original date of injury of January 15, 2010. The patient had undergone right elbow arthroscopic debridement and tennis elbow release on November 1, 2012. Despite that, she continued with pain and weakness to the right elbow. Conservative treatments have included pain medications such as Norco, meloxicam, Soma, and Voltaren gel. There is documentation of right elbow hypersensitivity in a progress note on May 5, 2014. Subsequently, the injured worker underwent a revision right elbow surgery on September 25, 2014. Postoperatively, she was placed on IV antibiotics including daptomycin. The patient was seen by a wound specialty clinic and treatment plans included cleansing the wound with a non-cytotoxic agent, applying topical anesthetic, applying an enzymatic agent to the base of the wound bed as well as a primary and secondary dressing. The disputed issue is a request for a referral to wound care clinic for debridement and wound care. The utilization reviewer who denied this request stated that there was no purulence postoperatively, and no other indication for specialized wound care. The reviewer asserted that there was no antibiotic use postoperatively. The reviewer stated that wound dressings are recommended for chronic wounds, debridement stage, and granulation and epithelialization stage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a wound care clinic for debridement/wound care: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter.

Decision rationale: ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter states the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of the request for wound care consult, this injured worker was documented to have postoperative IV antibiotic use. This is a revision surgery for this injured worker with chronic elbow pain. The patient was seen by a wound specialty clinic and treatment plans included cleansing the wound with a non-cytotoxic agent, applying topical anesthetic, applying an enzymatic agent to the base of the wound bed as well as a primary and secondary dressing. Often times, a requesting provider may not have easy access to an array of enzymatic and chemical debridement wound products that a specialty clinic has. Thus, there is evidence for a benefit from additional expertise, and this request is medically necessary.