

Case Number:	CM14-0215782		
Date Assigned:	01/05/2015	Date of Injury:	06/19/2006
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

57 year old claimant with reported industrial injury of June 19, 2006. Exam note September 10, 2014 demonstrates a diagnosis of chronic venous insufficiency ulcers secondary to a deep vein thrombosis following back surgery. Is noted that the ulcer has healed completely. Exam note November 3, 2014 demonstrates a history of intermittent wounds. The patient is status post multiple ulcerations to the right lower leg secondary to venous insufficiency and lymphedema. It is noted that there are currently no wounds from the November 3, 2014 examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excisional debridement of multiple venous insufficiency stippled ulcerations of the anterolateral aspect of the distal right lower extremity; performed on 11/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited does not demonstrate any objective evidence of ulcers from 11/3/14 to warrant a specialist referral. Therefore the determination is for non-certification.

Associated surgical service: anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.