

Case Number:	CM15-0118029		
Date Assigned:	06/26/2015	Date of Injury:	01/27/2015
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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:

The injured worker was a 27 year old male, who sustained an industrial injury, January 27, 2015. The injury was sustained when the injured worker was throwing out some trash, when the injured workers right leg was backed over by a forklift. The forklift was driven by a co-worker. The injured worker was facing the trashcan and did not anticipate being hit. The injured worker fell to the ground with severe pain in the right leg. The injured worker previously received the following treatments two consecutive surgeries, on April 5, 2015 the injured worker underwent an I and D (incision and drainage) of a right deep abscess in the right leg, long term intravenous antibiotics at home via PICC line, status post skin graft of the right leg fasciotomy wound from the right thigh, open re4duction and internal fixation and removal of the right open distal tibia and fibula fracture, occupational therapy and Percocet. The injured worker was diagnosed with status post right tibia and fibula fractures, probable internal derangement of the right knee, right lower leg calf ulcer, lumbar strain/sprain and right knee strain/sprain. According to hospitalization progress note of June 4, 2015, the injured worker's chief complaint was right leg pain. The injured worker was not able to completely bear weight on the right leg. The injured worker was wearing a spring-loaded moon boot with bandages and gauze covering the open wounds and sores of the right leg. The injured worker was ibn a wheelchair, due to difficulty with standing and walking. The injured worker was having moderate to severe pain in the right leg. The physical exam noted popping and clicking of the right knee. The right ankle had pain, swelling, popping, clicking, numbness and tingling in the toes and ankle. According to the noted on June 3, 2015, the injured worker was anticipating discharge home form the hospital from I and D surgery of the right lower leg. The wounds were approximately 3 x 0.3 x0.1 cm with 100% granulation and moderate serous exudate on the lateral calf, the medial calf had 2 tiny

wounds approximately 0.4 x 0.2 x 0.1 cm with 100% granulation and scant serous exudate. There was a large wound at the popliteal region, which previously extended around the medial calf, mostly epithelialized now. The portion of the lateral calf was contracting and the posterior popliteal portion was epithelialized nicely at the margin. All the other residual wounds were healthy, red granulation tissue with moderate serous exudate. The periwound skin was unremarkable and the undermined portion at the posterolateral calf approximately at 6 o'clock now extends only about 4 cm, where as previously was 7 cm. The treatment plan included follow-up visits with the Infectious Disease Specialist for wound monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits with infectious disease medicine specialist, quantity: 4 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical re-evaluation.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG follow up visits are based on medical need as dictated by ongoing complaints and response to treatment. The patient does have wound complaints however the request is for 4 follow up visits. Without knowing the patients response to treatment, the ongoing need for infectious disease follow up cannot be determined and the request is not medically necessary.