

Case Number:	CM15-0118299		
Date Assigned:	07/02/2015	Date of Injury:	06/07/2014
Decision Date:	10/07/2015	UR Denial Date:	05/19/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 6/7/2014. He reported being hit by a broken pipe valve which caused an open wound to the left side of his chest, rupturing his liver and intestines. Diagnoses have included surgical wound dehiscence and surgical wound infection. Treatment to date has included abdominal surgery and medication. According to the report dated 3/16/2015, the injured worker complained of left, peri-umbilical abdominal pain rated 2/10 in severity. The injured worker stated that he noticed his surgical wound (status post ventral hernia repair on 1/26/2015) was opening the night before. Physical exam revealed the abdomen to be soft and non-tender. There was a midline, supra-umbilical 1cm, open surgical wound with no visible discharge. The injured worker was to follow-up with the trauma surgery clinic. The injured worker was seen in the emergency department on 3/29/2015 due to purulent discharge from his abdominal wound for four days. He reported changing his dressing three times a day with increasing foul-smelling discharge. Physical exam revealed persistent defects at the proximal and distal ends of the surgical incision. Packing was removed to reveal foul-smelling odor. Authorization was requested for Kling rolls, Fluffs wound dressing, abdominal pads, Iodoform pack strips bottle, conform gauze, half inch packing strips, gloves and Q-tips box.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kling rolls box #1 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibrinous slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, Kling rolls wound dressing is reasonable to use for treatment of the IW's wound dehiscence. The request is medically necessary.

Fluffs wound dressings box #1 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibrinous slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, fluffs wound dressing is reasonable to use for treatment of the IW's wound dehiscence. The request is medically necessary.

Abdominal pads box #1 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibrinous slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, abdominal pads for wound dressing is reasonable to use for treatment of the IW's wound dehiscence. The request is medically necessary.

1/4 Inch Iodoform pack strips bottle #1 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibrinous slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, iodoform strips for wound dressing is reasonable to use for treatment of the IW's wound dehiscence. The request is medically necessary.

Conform gauze #28: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibring slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, conform gauze for wound dressing is reasonable to use for treatment of the IWs wound dehiscence. The request is medically necessary.

1/2 Inch packing strips #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibring slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, packing strips for wound dressing is reasonable to use for treatment of the IWs wound dehiscence. The request is medically necessary.

Gloves med x 2 boxes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibrinous slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, gloves for wound dressing is reasonable to use for treatment of the IW's wound dehiscence. The request is medically necessary.

Q-tips box #1 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ConvaTec. SOLUTIONS wound care algorithm from www.guidelines.gov.

Decision rationale: The IW is a 44 year old man who was hit in his chest and abdominal area by a valve weighing 65 lbs. on 6/7/2014. He was airlifted to the hospital and diagnosed with an open chest wound, rupture of the liver, intestines and internal hemorrhaging. He underwent an exploratory laparotomy with resection of the duodenum and proximal jejunum. He subsequently underwent a ventral hernia repair on 1/15/2015. His surgery was further complicated by seroma drainage and wound dehiscence. He has received a work-up for fistula formation that was negative for intestinal fistula. The most recent progress note on 3/16/2015 was significant for a scant amount of drainage that was non-purulent and non-feculent. According to the SOLUTIONS wound care algorithm, treatment of a wound with dry, minimal moisture, less than 25% necrotic tissue or fibrinous slough, partial thickness, and healthy wound edges should be treated with wound cleansing and moisture retentive dressing. In this case, Q-tips for use in wound dressing is reasonable to use for treatment of the IW's wound dehiscence. The request is medically necessary.