

Case Number:	CM15-0176359		
Date Assigned:	09/17/2015	Date of Injury:	08/02/2013
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 23 year old, male who sustained a work related injury on 8-2-13. The diagnoses have included crush injury of the right forearm and elbow, anxiety, depression and sleep disturbance. He is being treated for amputation and crush injuries to right hand, elbow and forearm. Treatments have included previous skin graft to the internal aspect of the right forearm and right elbow, home exercises and TENS unit therapy. Current medications include Bupropion. In the progress notes dated 7-31-15, the injured worker reports no complaints about his right forearm and elbow, "asymptomatic." He reports improvements due to home exercises. Upon physical exam, the internal aspect of the right forearm from wrist to the elbow appears with a large depressed scar and is status post skin graft. There is no hyperesthesia at the area. The right elbow appears with a scar and is status post skin graft. He is working full-time with restrictions. The treatment plan includes a request for partial skin graft excision with flap repair with hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial skin graft excision with flap repair right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 23-year-old male who suffered severe traumatic injury to right hand and forearm. He underwent complex reconstruction of his hand, as well as a fasciotomy release of the forearm. The fasciotomy sites were closed using a skin graft. He was referred to Orthopedics/Hand Surgery for evaluation of the hand and forearm and seen on 6/1/15. The patient is noted to wish to have the skin graft excised and the soft tissue advanced. The patient was not an operative candidate for his hand as he is currently relatively asymptomatic at the hand. A recommendation was made for referral to Plastic Surgery for excision of the split- thickness graft and advancement of the remaining skin. An evaluation by a Plastic Surgeon was not contained in the medical records provided for this review. The UR stated the patient was seen on 7/15/15 and recommended partial graft excision with flap repair of the right forearm, as requested by the treating physician. However, there was no consultation note provided. Without a detailed examination and a reasoning for surgical intervention from the surgeon who would do the surgery, the requested intervention is not medically necessary. From ACOEM, page 270, Chapter 11 -Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention.