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| Case Number: | CM15-0075004 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 08/22/2008 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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

Certification(s)/Specialty: Emergency Medicine

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 57-year-old male, who sustained an industrial injury on 08/22/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having septic shock, urosepsis, status posttraumatic brain injury with shunt placement, and thoracic 10 to thoracic 11 paraplegia. Treatment to date has included laboratory studies, medication regimen, wound care with use of a Wound Vac, inpatient stay at a sub-acute care facility, status post peripherally inserted central catheter, status posttraumatic brain injury with shunt placement, and status post suprapubic catheter placement. In a progress note dated 03/30/2015, the treating physician reports a stage four decubitus ulcer. Nursing documentation from 04/06/2015 noted use Wound Vac to the left ischium wound with proper suction. On 04/07/2015, the treating physician prescribed wound cared that included use of suction, but the documentation provided did not indicate the specific reason for this requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wound Vac 2-month rental extension (3/1/15-4/30/15) for the lumbar spine and buttock:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic). Vacuum-assisted closure wound healing.

Decision rationale: The requested Wound Vac 2 month rental extension (3/1/15-4/30/15) for the lumbar spine and buttock is not medically necessary. CA MTUS is silent, and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic). Vacuum-assisted closure wound healing; do not recommend this treatment as it does not have proven effectiveness. The treating physician has documented a stage four decubitus ulcer secondary to complete paraplegia. The treating physician has not documented peer-reviewed, nationally recognized, evidence-based medical literature in support of this therapeutic intervention. The criteria noted above not having been met, Wound Vac 2 month rental extension (3/1/15-4/30/15) for the lumbar spine and buttock is not medically necessary.