

Case Number:	CM15-0077754		
Date Assigned:	04/29/2015	Date of Injury:	09/25/2013
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: Minnesota, Florida
 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:

The injured worker is a 55-year-old male with a date of injury of 9/25/2013. The mechanism of injury was a truck roll-over. He had glass embedded throughout his body and sustained various lacerations with bleeding. He injured his cervical spine, right and left shoulders, left elbow, left wrist/hand, and lumbosacral spine in addition to various glass wounds. He underwent skin grafting of the left arm with skin from the left hip. Per pain clinic evaluation of 1/13/2015 he was complaining of pain in the neck, both shoulders, down the left arm to the hand in the C5-6 and C6-7 distribution. Pain level was 9/10. He also complained of low back pain with radiation down the left lower extremity to the knee in the L3-4 distribution with a pain level of 9/10. He reported numbness and tingling in the left leg as well as weakness of the left leg. Per examination of 2/19/2015 he was complaining of left arm numbness and also complained of glass cutting into his legs when walking. He had a painful palpable foreign body in the left proximal forearm, left ring finger and left quadriceps muscle. There was a history of complex foreign body removal of the left ring finger, 2.6 cm in size, complex foreign body of the left mid forearm, 2.7 cm in size, complex foreign body of the lateral left leg, 2.8 cm in size, complex foreign body of the posterior left leg, 2.9 cm in size, complex foreign body of the proximal medial forearm, 1.3 cm in size, and a complex foreign body of the proximal lateral left forearm, 1.4 cm in size on 6/4/2014. The treating physician has requested authorization for surgical excision of painful foreign bodies from the right thigh, right wrist, hand, and elbow. Per AME of 2/20/2015 small fragments of palpable embedded subcutaneous glass were noted in the left

elbow. The request for surgery was non-certified by utilization review. The UR rationale has not been submitted. The request is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgical excision of painful foreign bodies (glass) right thigh, right wrist, and right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Wound foreign body removal. March 25, 2014.

Decision rationale: Foreign bodies are frequently missed during the initial evaluation. A study found that only 75% of soft tissue foreign bodies presented within 48 hours while patients with the remaining 25% presented weeks, months or even years later. The indications for foreign body removal include chronic pain, functional impairment, and patient request in addition to complications such as neurovascular compromise and evidence of infection. The potential for complications due to the processes of foreign body removal must be considered. In this case the foreign bodies are reported to be palpable and relatively superficial. The injured worker complains of pain and has functional impairment. As such, removal of the foreign bodies is indicated and the medical necessity has been substantiated. The above request is medically necessary.