MAXIMUS Federal Services

Case Number:	CM14-0154581		
Date Assigned:	09/24/2014	Date of Injury:	04/21/1997
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Arkansas and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female who reported an injury on 04/21/1997 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right knee ultimately resulting in right total knee arthroplasty. The injured worker reportedly developed a postoperative prosthetic infection. The injured worker was evaluated on 09/03/2014. It was noted that the injured worker was on IV Vancomycin treatments for a 42 day postoperative length of treatment and would transition to oral antibiotics. Objective findings included scant discharge from the slight area of separation of her wound over the patella right surface with no warmth and no crepitus or fluctuant pockets. The injured worker's treatment plan included weekly labs for monitoring for infection 1 time a week until 12/01/2014, use of doxycycline, postoperative home health, and postoperative daily wound care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue post-operative daily wound care: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetic Chapter, Wound Care

Decision rationale: The requested continued postoperative daily wound care is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend wound care to assist with wound healing complicated by infection. Therefore, the clinical documentation does indicate that the patient continues to have an open wound. Therefore, postoperative wound care would be supported. However, the request as it is submitted does not define duration of treatment. This does not allow for timely reassessment to determine the need for continued treatment. As such, the requested postoperative daily wound care is not medically necessary or appropriate.

Post-op health aide for ADL's ((activities of daily living) (3 x/week for 4 hours/day until 10/8/14) (3x/4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The requested postoperative health aide for ADL's 3 times a week for 4 hours per day until 10/08/2014 (3 times a week for 4 weeks) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends patients receive home health assistance when they are homebound on a part-time intermittent basis. The clinical documentation submitted for review does not indicate the injured worker is nonambulatory and homebound on a part-time intermittent basis. Therefore, the need for postoperative health aide for ADL's 3 times a week for 4 weeks is not supported in this clinical situation. As such, the requested postoperative for ADL's 3 times a week for 4 hours per day until 10/08/2014 (3 times 4) is not medically necessary or appropriate.

Prospective use of Doxycycline 100mg, #60 with 5 refills (1x6): 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-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infections Disease chapter, Doxycycline

Decision rationale: The requested prospective use of doxycycline 100mg, #60 with 5 refills 1 times 6 is not medically necessary or appropriate. Official Disability Guidelines do recommend the use of this antibiotic as a first line medication for infections. As the patient does have evidence of a chronic infection and is being transitioned off IV antibiotics, oral antibiotics would be supported in this clinical situation. However, the request is for 5 refills. This does not allow for timely reevaluation and reassessment of the treatment plan. Although, a trial of these antibiotics would be supported long term use would not be indicated unless it is established that the injured worker can tolerate this medication. The injured worker has a history of intolerance

to medications. As such, the requested prospective use of doxycycline 100mg, #60 with 5 refills is not medically necessary or appropriate.

Continue weekly labs until 12/1/14 (1x1): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://labtestsonline.org/understanding/conditions/wound-infections/start/3

Decision rationale: The requested continue weekly labs until 12/01/2014 is medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this request. An online resource lab tests online states that infections are primarily diagnosed with lab testing to include cultures. The patient has a history of chronic infection and regular lab testing would be indicated. The clinical documentation does indicate that the injured worker is engaged in the healing process and weekly oversight would be supported in this clinical situation. As such, the requested continue weekly labs until 12/01/2014 1 times 1 is medically necessary or appropriate.