

<b>Case Number:</b>	CM13-0024906		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatry and is licensed to practice in California. 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 physician 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:

This patient is a 28-year-old male who reported an injury on 06/27/2013. Notes indicated that the patient was initially injured when a forklift ran over his left foot, causing the patient to sustain a crush injury to the forefoot. The patient was subsequently diagnosed with an open fracture of the 4th digit and has been treated antibiotics as well as a tetanus vaccination. On 06/28/2013, the patient underwent an irrigation and debridement of the wound as well as stabilization of the fracture and wound repair. Follow-up treatment has consisted of 37 sessions of hyperbaric treatment as of 08/26/2013. Currently under request is a consideration for 20 additional sessions of hyperbaric therapy, as well as debridement of the wound and an office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSATD & SUPERVIS HYPRBR 02 TX-SESS: 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), Treatment Index, 11th Edition (web), 2013, Hyperbaric Oxygen Therapy; Diabetes; Wound Dressings.

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

**Decision rationale:** CA MTUS/ACOEM Guidelines do not specifically address hyperbaric therapy. The Official Disability Guidelines state that HBO2 therapy should be considered in non-healing infected deep ulcerations (reaching tendons or bone) unresponsive to at least 1 month of meticulous wound care. Criteria should include patient has failed an adequate course of standard wound therapy. The use of HBOT therapy is recommended as adjunctive therapy only after there are no measurable signs of healing for at least 30 consecutive days of treatment with standard wound therapy and must be used in addition to standard wound care. Out-patient HBO treatments usually last 90 minutes to 2 hours, and patients typically undergoes 5 daily treatments within a week. Wounds must be evaluated at least every week during the administration of HBOT. Continued treatment with HBOT is not considered medically necessary if measurable signs of healing have not been demonstrated within any 1 week period of treatment. Also, the maximum number of sessions is 4 weeks, or 20 visits. Per the submitted CPT code, the current request is for hyperbaric oxygen therapy for 20 sessions. The documentation submitted for review indicates that the patient last underwent treatment on 08/26/2013, with notes indicating that the patient responded well to treatment after having been seen for 37 sessions of hyperbaric therapy. Notes indicated on evaluation that the patient's foot was swollen and there was presentation of signs and symptoms concerning for compartment syndrome. The right foot was noted to be covered with eschar with no symptoms of drainage or infection, and gangrene was noted with no apparent changes over the last treatment session. Notes indicated that the patient's wound was debrided under topical anesthetic and re-dressed. Furthermore, clinical notes indicate that the patient was responding well to hyperbaric oxygen therapy with the patient indicated for an additional 20 sessions of hyperbaric treatment. However, while there is indication in the notes that the patient has had measurable signs of wound demarcation, the request for an additional 20 sessions on top of the already completed 37 sessions is not supported. Furthermore, there is a lack of documentation indicating exceptional factors for the patient to continue with hyperbaric treatment outside the recommendation of the guidelines. Given the above, the request for 99183, PHYSATD & SUPERVIS HYPRBR 02 TX-SESS is not medically necessary and appropriate.

**HYPERBARIC OXYGEN:** 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), Treatment Index, 11th Edition (web), 2013, Hyperbaric Oxygen Therapy; Diabetes; Wound Dressings.

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

**Decision rationale:** CA MTUS/ACOEM Guidelines do not specifically address hyperbaric therapy. The Official Disability Guidelines state that HBO2 therapy should be considered in non-healing infected deep ulcerations (reaching tendons or bone) unresponsive to at least 1 month of

meticulous wound care. Criteria should include patient has failed an adequate course of standard wound therapy. The use of HBOT therapy is recommended as adjunctive therapy only after there are no measurable signs of healing for at least 30 consecutive days of treatment with standard wound therapy and must be used in addition to standard wound care. Out-patient HBO treatments usually last 90 minutes to 2 hours, and patients typically undergo 5 daily treatments within a week. Wounds must be evaluated at least every week during the administration of HBOT. Continued treatment with HBOT is not considered medically necessary if measurable signs of healing have not been demonstrated within any 1 week period of treatment. Also, the maximum number of sessions is 4 weeks, or 20 visits. The current request for hyperbaric oxygen is in conjunction with a request for physician supervised treatments, which is not certified. Therefore, the request for C1300 HYPERBARIC OXYGEN is not medically necessary and appropriate.

**OFC/OUTPT E&M ESTAB MOD-HI 25 MIN is medically necessary and appropriate.:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Hyperbaric Oxygen Therapy; Diabetes; Wound Dressings.

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

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not specifically address office visits. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. While the documentation submitted for review fails to detail findings specific to warrant additional hyperbaric treatment, the patient is noted to be currently undergoing wound care due to traumatic injuries sustained. Therefore, further doctor's visits would be reasonable. Given the above, the request for 99215, OFC/OUTPT E&M ESTAB MOD-HI 25 MIN is medically necessary and appropriate.

**DEBRIDEMENT; SKIN SUBCUT TISSUE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Hyperbaric Oxygen Therapy; Diabetes; Wound Dressings.

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

**Decision rationale:** CA MTUS/ACOEM Guidelines do not specifically address wound debridement. The Official Disability Guidelines state that debridement is recommended as part of routine treatment. Debridement is used to clean dead and contaminated material from a wound to aid in healing, increase the tissue's ability to resist infection, and decrease inflammation. The documentation submitted for review indicates that this patient has findings on his most recent hyperbaric follow-up evaluation of eschar of the wound. Therefore, further debridement of the wound to allow for continued healing would be appropriate. Given the above, the request for 11042, DEBRIDEMENT, SKIN SUBCUT TISSUE is medically necessary and appropriate.