

Case Number:	CM13-0040734		
Date Assigned:	02/05/2014	Date of Injury:	09/15/2010
Decision Date:	05/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 51 year old female with a date of injury on 09/15/2010. On 08/21/2011 she had left knee arthroscopic surgery and post operatively developed complex regional pain syndrome of the left lower extremity. She had an ulcer of the left foot. She was admitted on 11/13/2012 and was discharged on 11/25/2012. She was admitted for intractable emesis and dehydration but she also had chronic regional pain syndrome dependent on opiates. She has a spinal cord stimulator. A left foot wound infection was treated with 4 weeks of Vancomycin and transitioned to oral Clindamycin. There was a question of osteomyelitis but a MRI could not be done because of the spinal cord stimulator. On 10/04/2012 she had debridement. On 05/03/2013 she was considered for HBOT because of refractory osteomyelitis. She had already completed 6 weeks of IV antibiotics. A left ulcer had not healed and the culture was MRSA. The plan was to receive 20 to 30 visits of HBOT and then re-evaluate. On 07/17/2013 there was no improvement noted at a wound center. The left foot was more red and swollen. On 07/19/2013 it was noted that she had bilateral lower extremity complex regional pain syndrome. On 08/07/2013 she had completed 13 visits of hyperbaric oxygen treatment (HBOT) and an additional 14 more visits were a certified. As of 09/27/2013 all 26 authorized visits were completed and there was a request for 40 more visits. The right lower extremity pain returned with swelling and continued HBOT for 40 more visits was not certified. There was no improvement with HBOT treatment after 26 visits. The left foot continued to be cold, mottled and swollen.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 SESSIONS OF HYPERBARIC OXYGEN (O2) TREATMENT: Upheld

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

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: Preferred Practical Protocols American College of Hyperbaric Medicine. R. K. Hill Editor.

Decision rationale: MTUS ACOEM does not discuss HBOT. ODG notes that it is used in the treatment of diabetic foot wounds but does not discuss the number of visits needed. This case is complicated by the evaluation of pain in this patient with CRPS. HBOT is not a treatment for complex regional pain syndrome. It is a treatment of refractory osteomyelitis but this patient has a spinal cord stimulator and did not have a MRI documenting osteomyelitis. The accepted protocol for refractory osteomyelitis, if that is present, is 30 to 60 visits of HBOT but there should be some documented objective improvement after 26 visits and this was not objectively documented. There should be a documented decrease in the left foot wound size for continued treatment. After 26 visits, the request for 40 additional visits would exceed even the maximum number of visits if she had refractory osteomyelitis. There was no documentation that a large vessel vascular lesion was ruled out. There was no clear documentation of efficacy after 26 HBOT visits. The documentation does not substantiate continued HBOT. Given the above the request is not medically necessary and appropriate.