

Case Number:	CM14-0152839		
Date Assigned:	09/22/2014	Date of Injury:	09/15/2010
Decision Date:	11/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 51 year old woman injured 9/15/10 when she fell on gravel while walking downhill. She is diagnosed with CRPS in the lower extremity, MRSA (Methicillin-resistant staph aureus), bilateral trochanteric bursitis and bilateral shoulder/upper extremity pain. She has had hyperbaric treatments to her foot with improved healing at the wound edges, less drainage and improved color. She is requesting the appeal of the denial of 20 additional hyperbaric treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyperbaric Oxygen treatment-20 treatments, 1 day times 5 days/week: 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, 12 Edition (web) 2014, Diabetes (Types 1,2, and Gestational (updated 7/28/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, Hyperbaric oxygen therapy and Ankle and Foot, Hyperbaric oxygen therapy (HBOT) Up-To-Date: Hyperbaric Oxygen Therapy (last updated 8/27/2014)

Decision rationale: The CAMTUS does not comment on hyperbaric oxygen therapy. Per the ODG, hyperbaric oxygen therapy (HBOT) is recommended as an option in refractory cases. Hyperbaric oxygen therapy has been a useful adjunct to the treatment of refractory osteomyelitis, but there are no randomized controlled trials to clarify extent of effect. HBOT may also be used in post-traumatic crush injury following open fracture, in compromised skin grafts, or in the re-implantation of traumatically amputated limb segment. Per Up-To-Date, HBOT is the primary treatment regimen for aggressive soft tissue infections such as clostridial myonecrosis (gas gangrene), necrotizing fasciitis, and Fournier's gangrene consists of antibiotic therapy and aggressive debridement. When used to treat acute infections, HBO should be implemented early, with two to three daily 90-minute HBO sessions at 3 atm. HBO may be useful in the care of patients with severe anemia, actinomycotic brain abscesses, acute crush injuries, prior radiation therapy, aggressive soft tissue infections, non-healing ulcers, or compromised skin grafts and flaps. Further research is required in these situations in order to confirm the benefits of HBO and justify its significant costs and potential risks. There is not support for use of HBOT in CRPS, and it is not clearly indicated for MRSA either, especially non-acute infection. The medical necessity has not been established for the request.