

<b>Case Number:</b>	CM14-0175112		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family Practice, 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 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:

51 yr. old female claimant sustained a work injury on 9/15/10 involving the legs and back. She was diagnosed with complex regional pain syndrome, and chronic left foot osteomyelitis. She had placement of a spinal cord stimulator. She had been undergoing Hyperbaric Oxygen Treatment at a wound center for her osteomyelitis. A progress note on 10/2/14 indicated the claimant had been on Cipro for her left foot osteomyelitis. She left foot had some edema. The wound was cleansed and treated with topical Bactroban. The physician ordered a 3 phase bone scan to evaluate the osteomyelitis as well as routine blood work. A subsequent request was made for transcutaneous oxygen measurement and arterial Doppler's of the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous PO study:** Upheld

**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 Underwater Hyperbaric Medical Guidelines

**Decision rationale:** The ACOEM/MTUS guidelines do not comment on TCPO studies. According to national standard practices and the UHMS guidelines, a TCPO study is appropriate

in those with diabetic foot ulcers or in those with suspected vascular disease and assessment for hyperbaric oxygen response to for determining the level of amputation. In this case, the claimant was not diabetic. There was no mention from the clinical exam about an abnormal vascular exam. The claimant had undergone previous HBO without a TCPO. The request is therefore not medically necessary.

**Arterial duplex study:** Upheld

**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 Primary Care Approach to the Patient with Claudication, Teresa L. Carman, M.D., and Bernardo B. Fernandez, Jr., M.D., Cleveland Clinic Florida, Fort Lauderdale, Florida Am Family Physician. 2000 Feb 15;61(4):1027-1032.

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on Doppler testing. According to the guidelines above, a physical exam determining the cause of claudication is necessary before pursuing diagnostics. In this case the symptoms of claudication are neurogenic. There was no vascular exam performed. There are no known risk factors such as diabetes or smoking. As a result, the Arterial Doppler's are not medically necessary.