MAXIMUS Federal Services

Case Number:	CM14-0029296		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2005
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 54 year old male who reported an injury on 12/21/2005. The mechanism of injury was not provided for reivew. The medication regimen was noted to be Aspirin, Viagra, Androgel, Atorvastatin, Potassium, Lasix. Prior treatments included hyperbaric therapy and medication. The diagnoses included posttraumatic stress disorder, morbid obesity, right calf stasis dermatitis, chronic stasis ulcer, lower left extremity arterial insufficiency, lumbosacral plexopathy; stasis dermatitis both lower extremities, MRSA, wound infection, and lower extremity weakness. Within the clinical note dated 02/19/2014, the injured worker noted his wound progressed significantly but that therapy was discontinued prior to the completion of the resolution of the wound. He rated his pain 2/10 in severity. The injured worker reported having decreased physical activity. On the physical exam, the provider noted the strength in both lower extremities, the right lower extremity was 4-/5, the left lower extremity was 5/5. He noted decreased sensation in the ankles and shins. The provider indicated the injured worker had 2+ pain edema to the right leg calf with purpura with statis dermatitis. The injured worker had the stasis dermatitis below the halfway mark on the calf. The provider indicated the injured worker had a 1.5 cm by 2 cm left lateral partial thickness ulcer. The provider requested for hyperbaric treatment to allow the would to be resolved completely. The Request for Authorization was submitted and dated 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyperbaric 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. Hyperbaric Oxygen Therapy.

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

Decision rationale: The injured worker noted his wound progressed significantly but therapy was discontinued prior to the complete resolution of the wound. He rated his pain 2/10 in severity. The Official Disability Guidelines recommend hyperbaric treatment as an option for diabetic skin ulcers; not recommended for other wounds. The routine use of hyperbaric oxygen therapy is not justified for any type of superficial wound. The ODG outline the following criteria; the injured worker has type 1 or type 2 diabetes and has lower extremity wound that is due to the diabetes. The injured worker has failed an adequate course of standard wound therapy. The use of hyperbaric oxygen therapy is recommended as an 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. There is lack of documentation indicating the injured worker had failed an adequate course of standard wound therapy. There is lack of documentation indicating the injured worker failed an adequate course of standard. wound therapy. The request submitted does not specify a treatment site. The request submitted failed to provide the number of sessions requested. Therefore, the request is not medically necessary and appropriate.