

Case Number:	CM15-0046338		
Date Assigned:	03/18/2015	Date of Injury:	09/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female sustained an industrial injury to the back, bilateral lower extremities and left knee on 9/15/10. Previous treatment included magnetic resonance imaging, bone scan, left knee meniscectomy, hyperbaric oxygen therapy, crutches, physical therapy, aqua therapy, home exercise, wound care and medications. The injured worker had a history of chronic left foot osteomyelitis and left foot non-healing venous ulcers with previous Methicillin resistant staphylococcus aureus infection (MRSA) treated with antibiotics and wound care. In the most applicable visit note, dated 12/9/14, the physician noted that the left foot wound was completely scabbed over and not draining. The injured worker reported that her crutches were worn out. The injured worker had been on an exercise program with some improvement to function in ambulation. The injured worker was elevating her legs when possible. Physical exam was remarkable for lower extremity deformity with muscle wasting, hypoxemia, edema and reduced range of motion below bilateral knees with 7 second capillary refill of the great toe on the left. Current diagnoses included complex regional pain syndrome to bilateral lower extremities secondary to motor vehicle accident, chronic intractable pain, chronic left foot osteomyelitis and progression of skin breakdown (noted to be stable since last exam), hypertension, non certified-ambulatory status, delayed gastric emptying and adrenal insufficiency. The treatment plan included medications (Methadone, Lyrica, Amitriptyline and Cymbalta), replacement crutches and laboratory evaluation. The physician recommended reevaluation of the injured worker's lower extremity circulation to access long-term viability prior to proceeding with any hyperbaric oxygen therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Hyperbaric Treatments: 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), 2014, Burns, 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), Ankle and Foot Chapter, Hyperbaric Oxygen Therapy.

Decision rationale: Regarding the request for hyperbaric oxygen treatments, California MTUS and ACOEM contain no guidelines regarding this treatment. ODG states that hyperbaric oxygen treatment may be indicated in the treatment of diabetic skin ulcers, post-traumatic crush injury following open fracture, in compromised skin grafts, or in the re-implantation of traumatically amputated limb segment. In every case, the measurement of transcutaneous oxygen pressure is recommended as an index for the definition of the indication and of the evolution of treatment. Within the documentation available for review, there is no indication that the patient has one of these diagnoses. Additionally, the 60 visits requested does not allow for transcutaneous oxygen pressure measurements with adjustment in treatment plan based upon the outcome. As such, the currently requested 60 hyperbaric treatments are not medically necessary.