

Case Number:	CM15-0052390		
Date Assigned:	03/25/2015	Date of Injury:	03/03/2015
Decision Date:	05/18/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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

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 67 year old male, who sustained an industrial injury on 3/3/2015. The current diagnoses are left small finger degloving injury and status post excisional debridement and preparation of open wound with full thickness skin graft, left small finger. According to the emergency room report dated 3/3/2015, the injured worker reported that he caught his left, fifth digit in a piston. The pain was described as throbbing and rated 3/10 on a subjective pain scale. Emergency room medications were Dilaudid, Zofran, and Ancef. Treatment to date has included medication management and surgical intervention. The plan of care includes hyperbaric oxygen therapy up to 15 - 2-hour sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyperbaric oxygen therapy up to 15 - 2 hour sessions: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand Chapter regarding Hyperbaric Oxygen Therapy (HBOT).

Decision rationale: The patient was injured on 03/03/15 and presents with pain in his left fifth digit. The request is for hyperbaric oxygen therapy up to 15- 2 hour sessions. There is no RFA provided and the patient's work status is not provided. There is only one report provided from 03/03/15 and it is illegible. ODG Guidelines under the Forearm, Wrist, & Hand Chapter regarding Hyperbaric Oxygen Therapy (HBOT) states "Recommended as an option for diabetic skin ulcers. The routine use of hyperbaric oxygen therapy (HBOT) is not justified for any type of wound." In this case, the patient is diagnosed with left small finger degloving injury and status post excisional debridement and preparation of open wound with full thickness skin graft, left small finger. He does not present with diabetic skin ulcers and ODG states that it is not to be used routinely for any type of wound. Therefore, the requested hyperbaric oxygen therapy is not medically necessary.