

<b>Case Number:</b>	CM14-0009232		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Internal Medicine, has a subspecialty in Family Practice and is licensed to practice in New York. 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 45 year old woman with an injury on April 2, 2012. She is status post coccygectomy in October 2013 for chronic coccygodynia. Her wound dehiscence and was seen by home health nurses for wound care and treated with oral antibiotics. In the physician visit of December 2, 2013, her wound was 4 x 7 mm. An MRI was obtained and showed a small abscess with sinus tract. She was seen for a wound consult and hyperbaric oxygen consultation on December 9, 2013. Her wound measured .9x.6x.5cm. There was 1-25% adherent yellow slough and 51-75% pink granulation tissue. There was serosanguinous drainage with no odor. The wound was debrided and a request for hyperbaric oxygen therapy was made. The dressings were changed to santyl and she was seen again on December 16, 2013 for wound debridement. A culture grew pseudomonas and her prealbumin was normal. The hyperbaric oxygen therapy is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HYPERBARIC OXYGEN CHAMBER TREATMENTS X 20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines For Hyperbaric Oxygen (HBO).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Basic Principles of Wound Management

**Decision rationale:** Hyperbaric oxygen therapy has been used as an adjunct to wound care in the therapy of acute and chronic wounds. However, the studies were observational and the few available trials are limited by small sample size and low quality. Systematic reviews concluded that hyperbaric oxygen may benefit some wounds such as diabetic ulcers, there is not enough evidence to support routine use. In this injured worker, the wound is being followed weekly and debrided with a new santyl dressing. The request is not medically necessary.