

---

**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 4/7/2005  
IMR Application Received: 8/2/2013  
MAXIMUS Case Number: CM13-0006155

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 extensor tenotomy of the second metatarsal-phalangeal joint is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 10 debridement of ulcer treatments **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **10 hyperbaric oxygen treatments is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 extensor tenotomy of the second metatarsal-phalangeal joint is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **10 debridement of ulcer treatments is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **10 hyperbaric oxygen treatments is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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.

### **Expert Reviewer Case Summary:**

The patient is a 57-year-old female who is reported to have a history of diabetes mellitus with a right foot plantar ulcer Wagner grade III ulcer. She is reported to have had sustained a crush injury to her right foot resulting in amputation of her right hallux. The clinical note dated 06/11/2012 indicated the patient has undergone an amputated right hallux and right 1<sup>st</sup> metatarsal. She is reported to have an ulcer at the plantar aspect of her foot measuring 0.1 cm x 0.1 cm x 3 mm deep. She is noted to have a history of diabetes and high blood pressure. She is also noted to smoke. She was referred for wound treatment and bariatric treatment. She was noted to have undergone an MRI of the right foot on 03/05/2013 which reported an impression of a skin ulceration 11 m transverse, 14 m AP, and 3 mm to 4 mm in depth in the plantar aspect of the right forefoot overlying the 1<sup>st</sup> and 2<sup>nd</sup> metatarsal heads adjacent skin thickening and soft tissue swelling and mild enhancement made reflects cellulitis. There was no definite evidence of abscess formation or osteomyelitis. There was a prior metatarsal amputation of the 1<sup>st</sup> digit ray and remote fracture deformity of the 2<sup>nd</sup> metatarsal head. The patient began hyperbaric treatment on 03/22/2013. She underwent a debridement and underwent a hyperbaric. On 04/21/13 she was reported to have not undergone a hyperbaric treatment on that date because her sugars were too high. On 06/18/2013, the patient is noted to have completed her 40<sup>th</sup> session of hyperbaric treatment and her wound was much smaller. She occasionally rated her pain at 8/10. Her callus was excised the prior week and she had a nice clean wound. It was much smaller with no drainage and no cellulitis. Wound measurements on that date noted the wound measured 0.6 cm in length, 1 cm in width, and 0.3 cm in depth. The clinical note dated 07/10/2013 reported the patient's ulcer plantar to the 2<sup>nd</sup> MPJ now measured 0.8 cm x 0.4 cm x 3 mm and on that date the wound was debrided and hydrogel dressing was

applied. She was instructed to remain non-weightbearing. She is reported to be more compliant with non-weightbearing status on that date. Letter of Determination from [REDACTED] non-certified the request for an extensor tenotomy of the 1<sup>st</sup> metatarsophalangeal joint and 10 debridements of ulcer and 10 hyperbaric treatments. Letter of Appeal dated 07/09/2013 signed by Dr. [REDACTED] noted the patient's wound measured at that time 0.9 cm x 0.6 cm x 3 mm with no surrounding cellulitis or signs of infection. The patient is noted to have a contracted 2<sup>nd</sup> MP joint which resulted in retrograde causing the ulceration.

#### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for 1 extensor tenotomy of the second metatarsal-phalangeal joint:**

##### Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Online Version, Ankle & Foot (Acute & Chronic) Chapter, which is not part of MTUS.

##### Rationale for the Decision:

A review of the records indicates that the employee is reported to have a history of diabetes mellitus with a right foot plantar ulcer Wagner grade III ulcer. The employee is reported to have had sustained a crush injury to the right foot resulting in amputation of the right hallux. The clinical note dated 06/11/2012 indicated the employee has undergone an amputated right hallux and right 1st metatarsal. The employee noted to have developed a diabetic plantar ulcer. The employee was reported to have been non-compliant with her non-weightbearing status although she was ambulating with crutches. This continued to put pressure on the right foot. The employee is reported to have begun hyperbaric treatments (HBO) in 03/2013 and as of 06/18/2013, completed her 40<sup>th</sup> HBO treatment. At that time, the employee's wound measurements were reported to be 0.6 cm in length, 1 cm in width, and 0.3 cm in depth as of 08/14/2013. The employee is noted to have an increase in the wound measurements to 0.9 mm x 0.6 mm x 3 mm in depth. Also reported to have a contracted 2<sup>nd</sup> MP joint which resulted in retrograde touch exacerbating the ulceration. California MTUS Guidelines do not address the request. The Official Disability Guidelines

recommend a physical exam including peripheral vascular, neurological, and orthopedic and x-rays must be taken to evaluate the type of the deformity, as well as other factors after the patient has treated with non-surgical including padding, orthotic devices, insole modifications, debridement of the keratotic lesion, cortisone injections, taping, and footwear changes. The employee is noted to have undergone a debridement of the associated hyperkeratotic lesion and to have been placed in wider shoes and corticosteroid injections are not indicated due to the employee's diagnosis of uncontrolled diabetes. However, there are no further exam findings or x-rays confirming contracture of the 2<sup>nd</sup> MTJ joint and given the employee's documentation of poor compliance with non-weightbearing status, uncontrolled diabetes mellitus, and history of a non-healing wound on the plantar aspect of the foot, a tenotomy at this time would not be appropriate. **The request for 1 extensor tenotomy of the second metatarsal-phalangeal joint is not medically necessary and appropriate.**

**2) Regarding the request for 10 debridement of ulcer treatments:**  
Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the 2012 Infectious Diseases Society of America clinical practice guideline, diabetic foot infections, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Online Version, Burns Chapter, Debridement.

Rationale for the Decision:

A request was submitted for an additional 10 sessions for debridement. California MTUS Guidelines do not address the request. Official Disability Guidelines recommend debridement of wounds along with wound cleansing and wound dressing as debridement is used to clean dead and contaminated material from a wound to aid in healing thereby increasing the tissue's ability to resist infection and decrease inflammation. As such, the request for ongoing debridement of the wound meets guideline recommendations. **The request for 10 debridement of ulcer treatments is medically necessary and appropriate.**

**3) Regarding the request for 10 hyperbaric oxygen treatments:**  
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Online Version, Diabetes (Type 1, 2, and Gestational) Chapter.

Rationale for the Decision:

California MTUS Guidelines do not address this issue. The Official Disability Guidelines (ODG) recommend the use of hyperbaric therapy for diabetic wounds of the lower extremity, specifically, non-healing infected deep ulcerations reaching tendon or bone who are unresponsive to at least 1 month of meticulous wound care and when the patient has a Wagner grade III wound, has failed an adequate course of standard wound therapy, and the patient has optimized the nutritional status for glucose control and maintains appropriate off-loading, recommend a maximum of 4 weeks or 20 visits. A review of the records indicates that the patient has already completed 40 sessions of hyperbaric treatment and is noted to have continued poor diabetic control although reporting improving compliance with off-loading, the employee continues to be non-compliant at times. As such, the request for continued hyperbaric treatment does not meet guideline recommendations. **The request for 10 hyperbaric oxygen treatments is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/reg

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.