

# IMED, INC.

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**[Date notice sent to all parties]:**

04/26/2018

**IRO CASE #:** XXXXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** hyperbaric oxygen treatments for the infected leg

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD, Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injury apparently occurred while the claimant sustained a XX of the left leg when XX. XX was initially seen in an emergency department and a venous dopler showed no DVT. XX was treated with outpatient anti-biotics without further active treatment.

XX began treatment at XX on XXXX. The doctor documented the open wound on the left lower leg. XX was treated with debridement, medications and dressing changes including compression dressings. XX was seen again on XXXX and XXXX. On that date, the doctor noted that the wound was stable with no necrotic tissue. The area was again debrided and treated with compression dressings. The doctor recommended hyperbaric oxygen treatments.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

ODG recommendations for hyperbaric treatments are summarized below. According to the medical records from XX, this XX has a stable wound with no tunneling or undermining. There is no evidence of osteomyelitis. XX is improving on standard wound therapy and the wound was receding prior to the recent repeat debridement.

**IRO REVIEWER REPORT TEMPLATE -WC**

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**Criteria for the use of Hyperbaric oxygen therapy (HBOT) --**

Non-healing infected deep ulcerations (reaching tendons or bone) unresponsive to at least one month of meticulous wound care, in patients who meet the following criteria:

(1) Wounds must be Wagner Grade III (deep wound with abscess, osteomyelitis or tendonitis extending to those structures), Wagner Grade IV (gangrenous toes and forefoot) or V (gangrenous foot). Note: HBOT is not considered medically necessary for superficial lesions;

(2) Patient has failed an adequate course of standard wound therapy. The use of HBOT therapy is recommended as adjunctive therapy only after there are no measurable signs of healing for at least thirty consecutive days of treatment with standard wound therapy and must be used in addition to standard wound care. Standard wound care should include:

- (i) assessment of vascular status and correction of any vascular problems,
- (ii) optimization of nutritional status,
- (iii) optimization of glucose control,
- (iv) debridement by any means to remove devitalized tissue,
- (v) maintenance of clean, moist bed of granulation tissue with appropriated moist dressings,
- (vi) appropriate off-loading,

*(vii) necessary treatment to resolve any infection that might be present*