

Case Number:	CM14-0101824		
Date Assigned:	07/30/2014	Date of Injury:	08/14/2012
Decision Date:	09/30/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine 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. 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 patient is a 47-year-old male who has submitted a claim for ankle and foot joint derangement associated with an industrial injury date of August 14, 2012. Medical records from 2014 were reviewed. The patient complained of right foot pain with difficulty ambulating. Physical examination of the right ankle and foot showed mild symmetrical hallux valgus deformity; tenderness over the lateral ligaments of the ankle and lateral border of the foot; tenderness with an equivocal Tinel's sign over the sural nerve; and tenderness over the plantar fascia and medial calcaneal tubercle. MRI of the right foot done on April 28, 2014 revealed normal findings. The diagnosis were status chronic ankle eversion; post lateral ligament injury, right ankle; status post straining injury, right foot; probable right sural nerve neuropraxia; and right calcaneal-navicular tarsal coalition. Treatment to date has included oral analgesics, physical therapy, and acupuncture. Utilization review from May 30, 2014 denied the request for cold therapy unit for the right ankle, 7 days rental. There is no indication that the patient's surgical procedure has been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy Unit (7 days rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines), Treatment Index, 11th Edition (WEB) Ankle & Foot.

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, Continuous-flow cryotherapy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG does not recommend use of continuous-flow cryotherapy. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. In this case, there was no mention in the medical records provided that the patient has undergone surgery, or whether surgical procedure has been authorized. Moreover, the guidelines do not recommend ice machines and similar devices as they are not proven to be superior over standard cryotherapy. There was no discussion as to why conventional cold pack application would not suffice. Therefore, the request for cold therapy unit (7 days rental) is not medically necessary.