

Case Number:	CM14-0123885		
Date Assigned:	08/08/2014	Date of Injury:	05/15/2014
Decision Date:	10/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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: Emergency Medicine

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 50 year old male who sustained an industrial injury on 5-15-14. His initial complaint was severe pain on the left foot, second metatarsal region. The injury was sustained as the result of falling off a ladder. He reported that he "got his foot tangled up and landed onto the ground". He was noted to, originally, be treated by his primary care provider prior to seeking evaluation by the occupational health provider. He was examined by a podiatry provider on 6-5-14. He complained of left foot pain. The provider reviewed x-rays previously taken - no fracture was noted. The assessment was noted to be left foot contusion with questionable plantar plate rupture. An MRI of the left foot was requested and Voltaren gel was prescribed for pain. On 6-10-14, he was evaluated by an orthopedic surgeon. He complained of right wrist pain. He reported a prior industrial injury to the right wrist, but stated that the recent fall "exacerbated the problem". He described the pain as "throbbing, shooting, sharp, fairly severe, constant pain". His diagnoses included right wrist volar mass, right wrist pain, and right hand pain. The injured worker reported that he "would like to have the mass removed right now". The treatment plan included scheduling him for surgical intervention for removal of the mass, and the requisition for surgical intervention, which would include a preoperative evaluation, a right wrist volar mass excisional biopsy, a right wrist block, plastic wound enclosures, cultures of the mass, pathological exam of the specimen, postoperative physical therapy, and postoperative durable medical equipment consisting of a cold unit for approximately two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Day Post-Operative Rental of a Q-Tech Cold Therapy Recovery System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Ankle and Foot, Table 2, Summary of Recommendations, Ankle and Foot Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand, Continuous Flow Cryotherapy.

Decision rationale: The requested 14 Day Post-Operative Rental of a Q-Tech Cold Therapy Recovery System is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Forearm, Wrist, Hand, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has right wrist pain. He reported a prior industrial injury to the right wrist, but stated that the recent fall "exacerbated the problem". He described the pain as "throbbing, shooting, sharp, fairly severe, constant pain". His diagnoses included right wrist volar mass, right wrist pain, and right hand pain. The injured worker reported that he "would like to have the mass removed right now". The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, 14 Day Post-Operative Rental of a Q-Tech Cold Therapy Recovery System is not medically necessary.