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| Case Number: | CM13-0019017 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 11/08/2011 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 43-year-old with a reported date of injury on 11/08/2011. The patient presented with right ankle/foot pain, pain in the right leg, tenderness over the plantar surface of the right foot, tenderness over the dorsal aspect of the right foot, tenderness over the distal aspect of the right foot, tenderness over the lateral joint line and over the patellar incision scar on the right knee, limited right knee range of motion, and antalgic gait. The patient had diagnoses including delayed union right tib/fib fracture, sprain/strain of the lumbar spine, diffuse osteoporosis, borderline hypertension, and history of borderline diabetes. The physician's treatment plan included requests for cold therapy (micro cool unit), 4 week rental, home therapy exercise kit for lower right leg, and appropriate pre-op lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

A four-week rental for cold therapy (micro cool unit): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous-Flow Cryotherapy Section.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines states that a patient's at-home applications of heat or cold packs may be used before or after exercises

and are as effective as those performed by a therapist. The Official Disability Guidelines note, continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. 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 (eg, muscle strains and contusions) has not been fully evaluated. Per the provided documentation, it did not appear the patient has undergone a surgical procedure. The guidelines recommend the use of cryotherapy for up to 7 days, including home use. The request for 4 week rental of a cold therapy unit would exceed the guideline recommendations. The request for a four-week rental for cold therapy (micro cool unit) is not medically necessary or appropriate.

Home therapy exercise kit for the lower right leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. .

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Chronic Pain Medical Treatment Guidelines note there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Within the provided documentation, it was unclear what the components of the requested home therapy exercise kit included. Additionally, the requesting physician's rationale for the request was unclear. The request for a home therapy exercise kit for the lower right leg is not medically necessary or appropriate.

Pre-operative laboratory: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing Section.

Decision rationale: The Official Disability Guidelines note preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. The guidelines note a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated, and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and

for those taking anticoagulants. The patient underwent a comprehensive metabolic panel, urinalysis, and echocardiogram on 10/03/2013. It was unclear why repeat laboratory monitoring would need to be performed. The request for pre-operative laboratory work is not medically necessary or appropriate.