

Case Number:	CM13-0032455		
Date Assigned:	12/11/2013	Date of Injury:	03/02/2009
Decision Date:	01/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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, Ohio and Pennsylvania. 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. 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 underlying date of injury in this case is 03/02/2009. The primary diagnosis is left subtalar joint post trauma. An initial physician review noted that this patient was 4-1/2 years status post a traumatic injury and that the treatment guidelines did not support durable medical equipment for thermal treatment in this timeframe. A note from the patient's orthopedist of 09/03/2013 noted a left calcaneal fracture with osteoarthritis and noted that the patient had increased pain when walking 2-3 hours. The patient was using ibuprofen when needed as well as ice packs for any swelling. The patient had declined a joint fusion procedure. The patient had an antalgic gait with generalized swelling and almost no subtalar motion. The treating orthopedist noted that the patient's past treatment had included physical therapy for medications, splinting, and surgery of 11/28/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The ACOEM Guidelines, Chapter 3 Treatment, page 48, states, "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The treatment guidelines therefore encourage the use of low tech thermal modalities in the chronic setting such as currently. The treatment guidelines and the medical records do not support the requested treatment. This request is not medically necessary.