

<b>Case Number:</b>	CM13-0033562		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/18/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Orthopedic Surgery 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:

This is a 37-year-old gentleman injured in a work-related accident on 12/18/11 complaining of initial complaints of right foot and ankle pain. The records indicate surgical process to the ankle on 11/18/13 for surgical arthroscopy, subtalar arthroscopy, ostectomy of the anterior process, and a lateral collateral ligament repair. Specific to this surgical request, there is a request for postoperative use purchase of a cryotherapy device. Further medical records are not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) - cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Ankle and Foot (Acute & Chronic), (Updated 8/19/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, (2013 Updates): Ankle Procedure - Continuous-Flow Cryotherapy.

**Decision rationale:** Official Disability Guidelines criteria indicate that cryotherapy devices in the ankle are "not recommended." In the post-operative setting, continuous cryotherapy has not been proven to diminish pain, inflammation, swelling, or narcotic usage for use in the foot or ankle. While this device has been noted to be beneficial in other joints, particularly the shoulder and knee, its current use for the foot and ankle is not supported by guideline criteria.