

Case Number:	CM13-0052411		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2009
Decision Date:	08/26/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 33 year-old individual was reportedly injured on 12/1/2009. The mechanism of injury is noted as a crushing injury. The most recent progress note, dated 3/14/2014, indicates that there are ongoing complaints of chronic right ankle pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation paravertebral muscles on the right. Right hip: limited range of motion with pain. Right ankle: positive swelling, limited movement, tenderness of the Achilles tendon, tenderness of the fibulo-calcaneal ligament, tenderness of the lateral malleolus, tenderness of the talo-fibular ligament. Positive Tinnel's over superficial peroneal nerve. Decreased sensation to light touch over superficial peroneal nerve on the right side. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for hot-cold compression therapy, and was not certified in the pre-authorization process on 11/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITALL WRAP SYSTEM (W/O STANDARD VW. HOT-COLD COMPRESSION THERAPY): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Continuous flow cryotherapy.

Decision rationale: Cryotherapy is not recommended. In the post-operative 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. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. Heat therapy is under study. Ice works better than heat to speed recovery of acute ankle sprains. Range-of-motion improvement may be greater after heat and stretching than after stretching alone. After review of the medical guidelines associated with this request, there is no specific finding on history or physical exam that necessitates the use of this device. Also, recommendations are for acute injuries, not chronic injuries such as this claimant. Therefore, this request is deemed not medically necessary.