

Case Number:	CM13-0071839		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2011
Decision Date:	06/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine 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:

The patient is a 41 year old male who was injured on 05/03/2011 while he was responding to a domestic call. He noticed a male pitbull coming up the street. The dog ran and bit him on the right lower leg and left wrist. Prior treatment history has included acupuncture providing temporary relief and exercise. PR-2 dated 11/26/2013 documented that the patient is currently working regular duties for the subject employer. He was last seen in our office 08/13/2013. A request was issued to the insurance carrier for an authorization for pain medication and Motrin for inflammation as well as a request for acupuncture two times a week for 4 weeks to the right leg, and X-Force stimulator for a 30-day trial to increase circulation and control pain. He states his right lower leg pain has remained the same. He wants to request surgery for scar tissue removal in the right lower leg to alleviate some pain. The right lower leg reveals the patient experiences pain in the right lower leg that is centralized in the calf area. He denies weakness in his right lower leg. There is no numbness or tingling in his right lower leg. His pain level has not changed, which is still at 3/10 intensity. He claims that he does not have difficulty with yard work or household chores. The patient is currently taking Diovan, Ibuprofen and another medication that he cannot recall at this time. Objective findings on exam reveal there is slight tenderness to palpation noted over the right calf. Diagnostic Impression: 1. Dog bite, right calf, 2. Right saphenous neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY & WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 44, 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Lower Leg, Continuous-cold cryotherapy.

Decision rationale: The Knee Complaints ACOEM Practice Guidelines states musculoskeletal symptoms can be managed with a combination of short-term pharmacotherapy, judicious activity and heat or cold therapy. The guidelines recommend, "At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs". The Official Disability Guidelines state continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient is not post-op, and mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. There is no medical justification for the requested Q-Tech cold therapy system and components, and such a request is not supported by the guidelines. Medical necessity has not been established, therefore the request is not medically necessary.