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| <b>Case Number:</b>   | CM14-0101088 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 01/10/2012 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 & 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 59-year-old female was reportedly injured on January 10, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of left ankle joint pain. No physical examination was performed on this date. Ankle surgery was stated to be appending and orthotics were recommended. Diagnostic imaging studies of the left ankle show postsurgical changes in the navicular and mild thickening of the soft tissues around the posterior tibial and flexor digitorum tendons. Previous treatment includes a repair of the left posterior tibial tendon, and ankle brace, and the use of a cane. A request had been made for a hot/cold therapy unit and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold therapy 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- 11th Edition Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Heat Therapy, Updated July 29, 2014.

**Decision rationale:** According to the Official Disability Guidelines, ISA stated to work better than heat to speed recovery of acute ankle sprain and range of motion may be improved after using heat in conjunction with stretching. However, it is unclear why a combination and alternating hot/cold therapy unit is needed. As such, this request for a hot/cold therapy unit is not medically necessary.