

Case Number:	CM14-0016695		
Date Assigned:	04/11/2014	Date of Injury:	12/01/2009
Decision Date:	08/27/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS 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 31-year-old male was reportedly injured on December 1, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 18, 2014, indicated that there were ongoing complaints of right ankle pain and right hip pain. Current medications include nortriptyline, Ultram, ibuprofen, lorazepam, Medrox patches, and nizatidine, Vicodin, and Zoloft. The physical examination demonstrated full range of motion of the lumbar spine with tenderness along the right side of the lumbar paravertebral muscles. There was also tenderness along the greater trochanteric and the ASIS of the right hip. Examination of the right ankle revealed a mild swelling. There were decreased range of motion in all directions and tenderness of the Achilles tendon, the fibulocalcaneal ligament, and lateral malleolus. There was a positive Tinel's test over the superficial peroneal nerve. There was absent sensation over the superficial peroneal nerve distribution on the right. A request had been made for a vital wrap system and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAL WRAP SYSTEM (W/O STANDARD VW HOT-COLD COMPRESSION THERAP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, the use of continuous flow cryotherapy for the ankle is not recommended. Additionally, heat therapy (ice/heat) is under study stating that ice works better than heat to speed recovery of acute ankle sprains and range of motion improvement may be greater after heat and stretching than after stretching alone. Considering this, this request for a vital wrap system is not medically necessary.