

Case Number:	CM14-0018048		
Date Assigned:	04/16/2014	Date of Injury:	11/15/2013
Decision Date:	06/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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:

Prior treatment history has included ibuprofen 800 mg, Tylenol Extra-Strength and over-the-counter anti-inflammatory medication. The patient's treatment history also included physical therapy, an exercise kit, home interferential unit and cold therapy. The patient has also been treated with Flurbiprofen cream, Gabacyclotram, Prilosec 20 mg, Naproxen or other NSAIDs and Norco 5/325. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 12/26/2013 revealed a 5 mm right paracentral L5-S1 disc herniation elevating the posterior longitudinal ligament and encroaching, the right greater than left, neuroforamen aggravated by posterior annular tear; disc desiccation and spondylosis. There is a 2 mm L2-3 disc protrusion effacing the ventral thecal sac and encroaching both neuroforamen. The progress note dated 03/03/2014 states the patient complains of pain in the lower back, bilateral shoulders/arms, bilateral elbows/forearms, and right ankle/foot, as well as pain and numbness in the bilateral wrists/hands. He rates his pain as 8/10 on VAS scale. His left wrist/hand and right ankle/foot has remained the same since his last visit. He rates the pain as a 7/10. On exam, the lumbar spine reveals Grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since his last visit. There is restricted range of motion. Straight leg raise test is positive bilaterally. There are trigger points noted. Diagnostic impression is lumbosacral musculoligamentous strain/sprain with radiculitis; rule out lumbosacral sine discogenic disease; and status post laceration, right foot with subsequent MRSA infection. The progress note dated 01/06/2014 states the patient complains of pain in the lower back, bilateral shoulders/arms bilateral elbows/forearms, and right ankle/foot. He also complains of pain and numbness in the bilateral wrists/hands. His pain in the lower back and right ankle/foot is rated as 9/10 per the VAS scale. He rates his pain as 7/10 in the bilateral shoulders/arms and bilateral elbows/forearms. On exam, there is Grade 3 tenderness to palpation over the paraspinal muscles.

There is restricted range of motion. Straight leg raise test is positive bilaterally. There is grade 3 tenderness to palpation of bilateral shoulders with restricted range of motion. The bilateral arms reveal grade 3 tenderness to palpation. The right ankle reveals Grade 2-3 tenderness to palpation with restricted range of motion. The right foot has Grade 2-3 tenderness to palpation with restricted range of motion. The diagnostic impression is large lumbar spine disc protrusion per MRI dated 12/26/2013; left chest sprain; bilateral shoulder strain/sprain; bilateral elbow strain/sprain; bilateral wrist strain/sprain; and status post right foot laceration with infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT PURCHASE WITH PAD FOR THE RIGHT FOOT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle Chapter, Cryotherapy Section.

Decision rationale: According to the Official Disability Guidelines (ODG), Continuous-flow cryotherapy is not recommended, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. The medical records document the patient was diagnosed with status post laceration right foot with subsequent MRSA infection. According to the guideline the request is not medically necessary.