

Case Number:	CM14-0118544		
Date Assigned:	08/06/2014	Date of Injury:	01/18/2001
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Texas and Oklahoma. 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 injured worker is a 45-year-old male who reported an injury on 01/18/2001. The mechanism of injury was not provided for clinical review. The diagnoses included status post repair of lateral ligaments in the left ankle, posterior tibial tenosynovitis and dysfunction. Previous treatments included medication and surgery. Within the clinical note dated 06/05/2014, it was reported the injured worker ambulated in full weightbearing status; however, demonstrated difficulty with ambulation and gait. Upon physical examination, the provider noted the injured worker's anterior tibial pulses and posterior tibial pulses are 2+/4 and palpable bilaterally. The injured worker had normal muscle strength. The provider indicated the injured worker had difficulty with range of motion. The request submitted is for a cold therapy unit rental for 8 weeks and a TENS unit for purchase. However, a rationale was not provided for clinical review. The request for authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit rental for 8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Cryotherapy.

Decision rationale: The request for cold therapy unit rental for 8 weeks is not medically necessary. The California MTUS/ACOEM Guidelines discuss application of cold therapy in the acute phase. In addition, the Official Disability Guidelines indicate that at home, local applications of cold packs are recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effective on more frequently treated acute injuries, muscle strains, and conditions have not been fully evaluated. There is a lack of documentation indicating there was a lack of significant objective findings warranting the medical necessity for the request. Guidelines recommend chiropractic therapy unit may be used postoperatively up to 7 days. The request submitted exceeds the guideline's recommendations. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for TENS unit for purchase is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is evidence that other appropriate pain modalities have been tried and failed including medication. There is a lack of documentation indicating significant deficits upon physical examination. The guidelines recommend rental over purchase. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.