

Case Number:	CM14-0173927		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2013
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopaedic Surgery 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:

This 40-year-old male gardener sustained an industrial injury on 11/12/13. Injury occurred when the patient slipped and fell in a drainage canal, twisting his right foot. The 4/21/14 right ankle MRI documented a focal longitudinal tear of the peroneus brevis tendon at the level of the distal fibula. There was a small anterior marginal osteophyte distal fibula. Conservative treatment for the right ankle had included physical therapy, rest, ice, medications, and bracing without sustained improvement. The 9/10/14 orthopedic report cited diffuse, aching, anterolateral right ankle pain with frequent popping and pain with prolonged weight bearing. Pain was diminished somewhat with rest and medications. Physical exam documented tenderness to palpation over the anterolateral joint line and peroneals at and distal to the distal fibula. There was mild loss of dorsiflexion with 5/5 strength. There was pain with resisted eversion and pain and impingement with passive dorsiflexion. There was no peroneal subluxation with circumduction but popping and discomfort were noted. The diagnosis was right ankle impingement with peroneus brevis tear. The treatment plan recommended right ankle arthroscopic debridement of the anterior joint spur and repair of the peroneus brevis tendon. A request for 3 month rental of a cold therapy unit was submitted. The 10/8/14 utilization review modified the request for cold therapy unit rental from 3 months to 7 days consistent with guidelines.

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 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding: continuous -flow cryotherapy, Knee chapter

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, Continuous flow cryotherapy

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines generally support the use of continuous flow cryotherapy units in the post-operative setting for up to 7 days. The 10/8/14 utilization review modified the request for 3-month rental of a cold therapy unit to 7 days consistent with guidelines. There is no compelling reason to support the medical necessity of a cold therapy unit beyond guideline recommendations and the 7 days previously certified. Therefore, this request is not medically necessary.