

Case Number:	CM14-0020943		
Date Assigned:	04/30/2014	Date of Injury:	04/07/2000
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old male with a date of injury of 04/07/2000. Per the treating physician's report 01/20/2014, listed diagnoses are derangement of the knee, fracture trimalleolar. The patient has continued pain in his left ankle on daily basis. Pain worse with damp and cold weather and with any prolonged activities. The patient has been experiencing low back pain; the patient is now 8 weeks following left ankle arthroscopic synovectomy and debridement. Patient is currently doing therapy and using his brace. There is a request for authorization dated 12/25/2013 for "vascular cold compression unit x30 days." 11/25/2013 report is an operative report for arthroscopic extensive debridement and synovectomy, motorized shaving osteotomy of the anterior distal tibia to alleviate impingement. The objective finding from 01/20/2014 shows "slight chronic swelling at the anterior aspect of the left ankle with pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION OF 30 DAY RENTAL OF COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG.

Decision rationale: The Official Disability Guidelines (ODG) for continuous flow cryotherapy units only recommend 7 days following surgery, particularly for shoulder and knee. Most of the studies for continuous flow cryotherapy was done for knee and shoulder, and ODG Guidelines states under ankle chapter that this is not recommended. Therefore, the request for an extension of 30 day rental of cold therapy unit is not medically necessary and appropriate.