

<b>Case Number:</b>	CM14-0025799		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 10/31/2012. The mechanism of injury was a fall. The injured worker's current diagnosis includes an open repair of talofibular ligament of the right ankle. Previous treatments included physical therapy, ankle brace, medications, crutches, and injections. Within the most recent clinical note dated 01/27/2014, his symptoms were right knee pain. The physical exam findings included right ankle tenderness about the anterior talofibular ligament and varus stress openings were noted. His anterior drawer test was positive. The treatment plan included a Request for Authorization for an open repair of the right anterior talofibular ligament with cold machine through Team Post-op, crutches, and physical therapy with ultrasound, massage, and therapeutic exercise. The current request is for a cold machine and the rationale was not provided. The Request for Authorization Form was provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD MACHINE:** 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) <Insert Section, Ankle and Foot, Continuous-flow cryotherapy.

**Decision rationale:** According to the Official Disability Guidelines, continuous flow cryotherapy is not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. The guidelines do support post op continuous-flow cryotherapy; however, the request did not specify the duration of use. Therefore, the request for a cold machine does not meet the guidelines criteria and is not supported at this time. As such, the request for cold machine is not medically necessary.