

Case Number:	CM14-0042410		
Date Assigned:	06/30/2014	Date of Injury:	07/09/2013
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Family Medicine 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 19 year-old male who was injured at work on 7/9/2013. The injury was primarily to the right ankle/foot. The patient is requesting review of denial for a Therma Cooling System Rental X 8 Weeks. Medical records corroborate ongoing care for the injuries. The diagnosis is stated as "Contusion Right Ankle/Foot." Treatment has included Physical Therapy with the following modalities: Electrical Stimulation; Infrared Heat, Myofascial Release/Soft Tissue Manipulation, Joint Mobs/Manual Traction; and Supervised Therapeutic Exercises. He was also treated with NSAIDs, acetaminophen, and a topical analgesic cream. X-rays were reported as "negative for fracture." He has also been referred to a Podiatrist who concurred with the diagnosis of a Right Ankle Sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma cooling system rental X 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and treatment of ankle sprains. The relevant section of these guidelines is presented in Table 14-3 (Methods of Symptom Control for Ankle and Foot Complaints). Regarding the use of cold therapy, the ACOEM guidelines state the following: "At-home applications of cold during first few days of acute complaint; thereafter, applications of heat or cold as patient prefers, unless swelling persists." Based on these guidelines, there is no medical justification for the use of a Thermo Cooling System; as cold therapy may be self-applied by the patient at home in conjunction with a home physical therapy program. Therefore the request is deemed not medically necessary.