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| <b>Case Number:</b>   | CM14-0047307 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 05/28/2013 |
| <b>Decision Date:</b> | 12/10/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2014 |

### 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, 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 48 year-old male with the date of injury of 05/28/2013. The patient presents with pain in his right ankle joint. The patient ambulates with a knee walker and cam walker on the right side. The patient has difficulty with weight bearing. X-rays demonstrate that the bones were essentially 100% healed, and some small fracture line persisting, but overall continues to show malalignment of the fibular with internal fixation in place causing continuation of contracture of the ankle joint because of the failure of the removal of the syndesmotic retention of the ankle. Muscular examination is within normal limits and +5 over 5 with dorsiflexion, plantar flexion, inversion and eversion. According to D.P.M. [REDACTED] report on 03/04/2014, diagnostic impressions are; 1) Painful internal fixation 2) Nonunion right ankle fracture 3) Sprain/strain of the ankle, rule out ligament ruptures of the medial and lateral aspect of the ankle joint 4) Instability of the ankle 5) Painful gait The utilization review determination being challenged is dated on 03/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/17/2013 to 03/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) Cold Therapy Unit, 30 day rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 (Ankle)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg chapter, continuous-flow cryotherapy

**Decision rationale:** The patient presents with pain and weakness his right ankle joint. The request is for durable medical equipment (DME) cold therapy unit, 30 day trial. The utilization review letter on 03/14/2014 indicates that the patient is scheduled for removal of hardware for the ankle. [REDACTED] requested DME cold therapy unit post operatively. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The ODG Guideline is clear on the duration of postoperative use of continuous-flow cryotherapy. The use of the cold therapy unit outside of the postoperative 7 days is not medically necessary. Therefore the request is not medically necessary.