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| Case Number: | CM14-0057088 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/27/2013 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/05/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 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 57-year-old female with a date of injury of 9/27/13. The listed diagnoses per [REDACTED] are bone spur and osteoarthritis. According to the progress report dated 4/3/14 by [REDACTED], the patient is status post foot cheilectomy on 4/1/14. Examination revealed right foot clean, no infection, no discharge, or foul odor. The treating physician notes the patient has some swelling and throbbing pain over the right big toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, the Official Disability Guidelines are referenced. The Official Disability Guidelines state that continuous-flow cryotherapy is 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. As there is no discussion of the duration of use of the cold therapy unit, the request is not medically necessary.

Durable Medical Equipment (DME): Tamper Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The primary treating physician does not explain what a Tamper boot is, but an internet search shows that this is a name brand high ankle boot. The MTUS and Official Disability Guidelines do not discuss specific types of shoes, although orthopedic shoes are discussed under the knee chapter of the Official Disability Guidelines. The primary treating physician does not explain what the Tamper boot is to do for this patient. The Official Disability Guidelines do not recommend durable medical equipment if it is not solely used for medical purposes; a Tamper boot is just a name brand boot. As such, the request is not medically necessary.