

Case Number:	CM14-0079731		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	08/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old female with a 6/4/10 date of injury, and right plantar fascia release 5/25/11. At the time (5/6/14) of request for authorization for hot/cold therapy rental for 30 days, there is documentation of subjective (continued symptoms in the left foot; pain to heel waking, standing, squatting, and crouching on the left side) and objective (antalgic gait favoring the left lower extremity, pain to plantar fascia, both medial and central bands) findings, and treatment to date (orthotics, splitting, and cortisone injections). Medical file identifies that the treating physician recommended outpatient plantar fasciectomy of left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy rental for 30 days.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle-Foot (acute and chronic), Procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Non-MTUS: Other Medical Treatment Guideline or Medical Evidence: PubMed - indexed for medline.

Decision rationale: MTUS reference to ACOEM identifies that patients may use applications of heat or cold at home before or after exercises and that these are as effective as those performed by a therapist. Medical Treatment Guideline identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for hot/cold therapy rental for 30 days is not medically necessary.