MAXIMUS Federal Services

Case Number:	CM14-0089685		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2013
Decision Date:	10/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 injured worker is a 45 year old male who was injured on 06/04/13. The mechanism of injury is not described in the submitted documentation. The injured worker presented for a surgical consultation on 05/13/14. This report indicates the injured worker has fractures involving the third and fourth metatarsals of the left foot with significant symptoms of painful ambulation. It is noted the injured worker ambulates with an electric motorized wheelchair. This note states an open reduction and internal fixation of the left foot at third and fourth metatarsals will be performed. Request for authorization is submitted for the surgical proccedure along with requests for a CAM walker purchase, a 30 day IF unit trial, a 30 day cold therapy unit rental and a pre-operative medial clearance. Utilization Review dated 05/23/14 approves the surgery, CAM walker purchase and pre-operative medical clearance but denies the requests for IF unit trial and cold therapy unit rental. The rationale states that, as the injured worker has been approved for surgery to address pain and deficits, a IF unit trial is not supported. With regard to the cold therapy unit, the UR states at home application of cold packs is reasonable and effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain procedure summary last updated 04/10/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

Decision rationale: The request for IF Unit 30 day rental is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines do not recommend the use of Interferential Current Stimulation (ICS) as an isolated intervention. The records do not clearly describe the rationale for the requested IF/ICS unit; however, the submitted request also included a request for surgical intervention. This would indicate the ICS was not requested as a pre-surgical treatment. Records do not include a request for postsurgical physical therapy. As such, it is unclear that the requested ICS would be used in conjunction with an alternate treatment such as exercise. In addition, guidelines state there is insufficient literature to support ICS treatment for soft tissue injury or for enhancing wound or fracture healing. Based on the clinical information provided, medical necessity of IF Unit 30 day rental is not established.

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) - Treatment in Workers' Compensation (TWC), Ankle & Foot Procedure Summary last updated 03/26/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, section on Continuous-flow cryotherapy

Decision rationale: The request for Cold Therapy Unit 30 day rental is not recommended as medically necessary. MTUS and ACOEM do not specifically address the use of cold therapy units. ODG states, "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." This guideline notes that ice plus exercise is most effective following foot and ankle surgeries. Based on the clinical information provided and the applicable guidelines, medical necessity of a Cold Therapy Unit 30 day rental is not established.