

Case Number:	CM14-0210060		
Date Assigned:	12/23/2014	Date of Injury:	07/24/2009
Decision Date:	07/14/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 year old female, who sustained an industrial injury on July 24, 2009, incurring ankle, leg and feet crush injuries. Magnetic Resonance Imaging of the left ankle was unremarkable. She was diagnosed with traumatic right peroneal neuropathy with nerve entrapment of the left knee, mid-calf and ankle. She underwent left calf surgical nerve release in January, 2013, and surgical nerve release of the left foot and ankle in May, 2013. Treatment included physical therapy, pool therapy, pain medications, neuropathic medications, anti-inflammatory drugs, bracing, and use of a cane, chiropractic sessions, and work restrictions. Magnetic Resonance Imaging of the left ankle performed in July, 2010, revealed tendinosis and a partial tear. Currently, the injured worker complained of increased lower extremity swelling and ankle pain. The treatment plan that was requested for authorization included post-operative crutches and rental for a game ready cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-op DME crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case ankle surgery is requested. Crutch use is appropriate and necessary if the surgery occurs for post-operative pain control. The above request is medically necessary.

Game ready cryo unit 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore the determination is not medically necessary.