

<b>Case Number:</b>	CM14-0039856		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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:

This patient is a 48 year old male with a date of injury of 8/21/13. The most recent progress report provided for review dated 1/16/14 states that MRI findings are consistent with osteochondritis dissecans measuring 13mm lateral to the dome osteochondral defect with plantar calcaneal sprain, plantar fasciitis, and posterior tibial tenosynovitis. Examination revealed pain with range of motion, crepitus and grinding at the ankle. The patient is unable to toe walk and weight bearing causes pain. The listed diagnoses are osteochondral dissecans of right ankle, derange of the ankle and painful gait. The treating physician recommended surgical intervention. Review of the medical file indicates that the patient underwent an arthroscopy of the right ankle and osteochondral Note: I'm not sure what this word is, I think it should be---> osteochondral drilling on 3/7/14. The request is for authorization for a TENS unit purchase and Cold therapy unit for rental. Utilization review denied the request on 3/10/14. Treatment reports from 9/4/13 through 1/16/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit rental x 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**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, Continuous-flow cryotherapy; Knee & Leg (Acute & Chronic) chapter, Continuous-flow cryotherapy

**Decision rationale:** This patient is status post arthroscopy of the right ankle and osteochondral drilling on 3/17/14. The current request is for cold therapy unit rental x8 weeks. Review of progress reports does not provide any discussion regarding the requested cold therapy unit. Given the patient's recent surgery, it is presumed the request is for post-operative use. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG under the Ankle/Foot chapter states that Continuous-flow cryotherapy is "Not recommended." ODG further discusses continuous-flow cryotherapy under the Knee Chapter stating "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." ODG does not recommend cold therapy units for the ankle/foot. In addition, when indications are met, ODG is clear on the duration of postoperative use to be no more than 7 days. Recommendation is for denial.

**TENS Unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

**Decision rationale:** This patient is status post arthroscopy of the right ankle and osteochondral drilling on 3/17/14. The current request is for tens unit purchase. The progress reports provided for review do not discuss this request. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, there is no indication of neuropathy or other conditions for which a TENS unit trial may be indicated. The patient is status post ankle arthroscopy and continues with right ankle pain. Given the lack of indication, recommendation cannot be made. Furthermore, the request is for a TENS unit purchase, but there is no documentation of a successful home one-month trial. When a TENS unit is indicated, MTUS recommends a 30 day home trial and with documentation of functional improvement, additional usage may be indicated. Recommendation is for denial.