

Case Number:	CM14-0098228		
Date Assigned:	09/23/2014	Date of Injury:	05/10/2013
Decision Date:	01/22/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/26/2014

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 Preventive 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:

According to the records made available for review, this is a 48-year-old male with a 5/10/13 date of injury. At the time (6/4/14) of request for authorization for generic heating pad Rt ankle, there is documentation of subjective (right ankle pain with fracture, right foot pain) and objective (tenderness to the right cuboid bone, calcaneus dome and Achilles tendon, limited and painful range of motion, dorsiflexion 10/15, plantar flexion 30/50, eversion 10/20 and inversion 15/35 degrees) findings, current diagnoses (right ankle sprain/strain with fracture by history, rule out internal derangement), and treatment to date (medications, cam walker and activity modification). 5/23/14 medical report identifies a request for Solar care "heating pad". There is no documentation that heating pad is to be used before or after exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic heating pad right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot, Heat therapy (ice/heat)

Decision rationale: MTUS reference to ACOEM identifies documentation that applications of heat or cold at home are to be used before or after exercises, as criteria necessary to support the medical necessity of heat or cold. In addition, ODG identifies that range-of-motion improvement may be greater after heat and stretching than after stretching alone. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain/strain with fracture by history, rule out internal derangement. However, there is no documentation that heating pad is to be used before or after exercises. Therefore, based on guidelines and a review of the evidence, the request for generic heating pad right ankle is not medically necessary.