

Case Number:	CM15-0130648		
Date Assigned:	07/17/2015	Date of Injury:	08/25/2010
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 61 year old male, who sustained an industrial injury on 8/25/2010. He reported falling down a ladder suffering injury to the right ankle subsequently requiring right ankle surgery and hardware placement. Diagnoses include right ankle pain, depression; suspected Complex Regional Pain Syndrome, right lower extremity, and status post multiple right ankle surgeries with hardware and fusion. Treatments to date include medication therapy, physical therapy and joint injections. Currently, he complained of right ankle and foot pain associated with numbness and tingling. On 5/11/15, the physical examination documented decreased range of motion in the right ankle secondary to pain and decreased strength in the right lower extremity. The records indicated he was to undergo surgical repair of peroneal tendon and was awaiting authorization for an ankle surgery. The plan of care included a shower boot, pair of crutches, purchase of rental of a continuous passive motion (CPM) machine and purchase of rental of a cryo-cuff compressions system between 6/17/15 and 8/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower boot, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3. Decision based on Non-MTUS Citation 1. Kurtz SM, Lau E, Watson H, Schmier JK, Parvizi J. Economic burden of periprosthetic joint infection in the United States. *J Arthroplasty* 2012; 27: 61-65 e61. 2. Bongartz T, Halligan CS, Osmon DR, et al. Incidence and risk factors of prosthetic joint infection after total hip or knee replacement in patients with rheumatoid arthritis. *Arthritis Rheum* 2008; 59: 1713-1720. 3. Drew P, Posnett J, Rusling L The cost of wound care for a local population in England *Int Wound J.* 2007; 4: 149-155.

Decision rationale: The use of a shower boot is appropriate in reducing the incidence of post-operative infection of the lower extremity: [1] and is certified as medically necessary. The post-operative use of crutches is appropriate for people who cannot support their weight for reasons of disability; [2] and is certified as medically necessary. The application of cryotherapy with conventional ice packs is effective in reducing the severity of wound pain post operative. Cryotherapy with ice applied as per post-operative directive, in a plastic bag, is a proven, cost-effective technique for relieving post-operative pain of the lower extremity pain; [3]. There is insufficient evidence to indicate clinical advantage in the use of continuous flow cryotherapy systems in comparison to the use of the topical application of ice post-operative. Published results indicate a need for further research; [4]. The use of a Cryo-Cuff Compression System is not certified as medically necessary. Wound management is important in determining the outcome of surgical procedures. Excessive edema will complicate postoperative results by causing wound dehiscence, increasing inflammation, and, thereby, patient discomfort; [5]. Compression dressing is an accepted tool that continues to be a primary treatment technique for the control of edema. Critical reference to the effectiveness of the Cryo-Cuff compression system is unavailable. The Cryo-Cuff Compression System is not certified as medically necessary. Continuous passive motion (CPM) is applied by a machine that passively and repeatedly moves an articular structure through a specified range of motion (ROM). The stated intention of CPM is to increase recovery of ROM and joint viability. It has not been substantiated whether CPM is effective; [6]. The injured worker has undergone and is presently contemplating further joint fusion to actively achieve limited joint movement. Increased articulation and ROM at the surgical sites is being operatively discouraged. The use of a continuous passive motion device is not medically necessary.

1 Pair of Crutches: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot; Knee & Leg-Durable medical equipment (DME)-Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2. Glanze, W.D., Anderson, K.N., & Anderson, L.E, eds. (1990), *Mosby's Medical, Nursing & Allied Health Dictionary* (3rd ed.). St. Louis, Missouri: The C.V. Mosby Co. ISBN 0-8016-3227-7. p.324.

Decision rationale: The post-operative use of crutches is appropriate for people who cannot support their weight for reasons of disability. The guidelines support this. Therefore, the request for crutches is medically necessary.

Continuous Passive Motion (CPM) machine, rental or purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot; Knee & Leg-Durable medical equipment (DME)-Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 6.Cochrane Database Syst Rev. 2014 Feb 6; 2:CD004260. DOI: 10.1002/14651858.CD004260.pub3.Continuous passive motion following total knee arthroplasty in people with arthritis. Harvey LA1, Brosseau L, Herbert RD.

Decision rationale: Continuous passive motion (CPM) is applied by a machine that passively and repeatedly moves an articular structure through a specified range of motion (ROM). The stated intention of CPM is to increase recovery of ROM and joint viability. It has not been substantiated whether CPM is effective: [6]. The injured worker has under gone and is presently contemplating further joint fusion to actively achieve limited joint movement. Increased articulation and ROM at the surgical sites is being operatively discouraged. The use of a continuous passive motion device is not medically necessary.

Cryo-Cuff Compression System, rental or purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot; Knee & Leg - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 3.The effects of cryotherapy in relieving post-arthroscopy pain. Fang L, Hung CH, Wu SL, Fang SH, Stocker J.J Clin Nurs. 2012 Mar; 21 (5- 6): 636-43. DOI: 10.1111/j.1365-2702.2010.03531.x. Epub 2011 Feb 20.PMID: 213328554. Cryotherapy after total knee replacement: a survey of current practice. Barry S, Wallace L, Lamb S. Physiother Res Int. 2003; 8 (3): 111-20. PMID: 145333 5. J Am Podiatr Med Assoc. 2002 Apr; 92 (4): 221-31.The Jones compression bandage. Review and clinical applications. Yu GV1, Schubert EK, Khoury WE.

Decision rationale: The application of cryotherapy with conventional ice packs is effective in reducing the severity of wound pain post operative. Cryotherapy with ice applied as per post-operative directive, in a plastic bag, is a proven, cost-effective technique for relieving post-operative pain of the lower extremity pain: [3]. There is insufficient evidence to indicate clinical advantage in the use of continuous flow cryotherapy systems in comparison to the use of the topical application of ice post-operative. Published results indicate a need for further research; [4]. The use of a Cryo-Cuff Compression System is not certified as medically necessary. Wound management is important in determining the outcome of surgical procedures. Excessive

edema will complicate postoperative results by causing wound dehiscence, increasing inflammation, and, thereby, patient discomfort; [5]. Compression dressing is an accepted tool that continues to be a primary treatment technique for the control of edema. Critical reference to the effectiveness of the Cryo-Cuff compression system is unavailable. The Cryo-Cuff Compression System is not medically necessary.