

Case Number:	CM15-0143405		
Date Assigned:	08/06/2015	Date of Injury:	11/01/2010
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: Illinois, California, Texas
 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:

This injured worker is a 35-year-old male who sustained an industrial injury on 11/1/10. He sustained a right ankle fracture with syndesmotic injury. He underwent a right ankle arthroscopy with drilling in the talar dome lesion, and a subsequent hardware removal. The 7/9/15 right ankle MRI impression documented a small osteochondral lesion in the superior lateral talar dome. The anterior talofibular ligament was attenuated, as was the calcaneofibular ligament. There is tendinopathy and peritendinitis of the medial and lateral ankle tendons. Degenerative change in the ankle appears relatively stable. The 7/9/15 treating physician report cited pain in the posterior heel and anterolateral ankle. Physical exam documented mild tenderness in the right anterolateral ankle and mild to moderate hyper-pronation with mild heel valgus. Imaging showed osteochondral degeneration in the anterolateral distal tibia. The syndesmosis appeared well aligned. There was spurring in the anterior distal tibia. The treatment plan recommended a right ankle arthroscopy for extensive debridement, microfracture of the osteochondral dissecans lesion, and wedge Evans osteotomy with allograft. Authorization was requested for a cold therapy unit for post-operative use. The 7/16/15 utilization review certified the requested right ankle surgery. The request for a cold therapy unit was non-certified as guidelines do not support a specific device for cooling and there was no indication why home ice packs would not be sufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit: 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 and Foot: Continuous-flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous flow cryotherapy is not recommended in ankle complaints. Guidelines support the use of applications of cold packs. There is no compelling rationale to support the medical necessity of a cold therapy unit over standard cold packs. Therefore, this request for one cold therapy unit is not medically necessary.