

Case Number:	CM15-0147743		
Date Assigned:	08/10/2015	Date of Injury:	06/08/2010
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 8, 2010. In a Utilization Review report dated June 18, 2015, the claims administrator approved a TENS unit with an associated conductive garment while failing to approve a request for a hot and cold wrap. The claims administrator referenced an RFA form received on June 23, 2015 and an associated progress note of June 18, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of foot and ankle pain reportedly originating from a second- to third-degree burn about the same. The applicant was off of work and was receiving Social Security Disability Insurance (SSDI) benefits, it was acknowledged. The applicant developed derivative complaints of depression, anxiety, and insomnia, it was reported. The applicant was using orthotics about the feet, it was further noted. In an RFA form dated June 18, 2015, a TENS unit, a conductive garment, and hot and cold wrap were all sought. In an associated progress note of June 18, 2015, it was acknowledged that the applicant was not working. Hot and cold wrap was endorsed. The applicant was given a diagnosis of chronic pain syndrome status post second- and third- degree burns about the foot. The applicant had tenderness about the plantar fascia present; it was reported on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One hot and cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, 370, 362.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 9684. Recommendation: Routine Use of Cryotherapies in Health Care Provider Offices or High Tech Devices for Any Chronic Pain Condition Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. Strength of Evidence & Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a hot and cold wrap was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does recommend at-home local application of heat and cold as methods of symptom control for applicants with ankle and foot pain complaints, as were/are present here, by implication, the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does not support high-tech devices for delivering heat therapy and/or cryotherapy, as was seemingly sought here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a stronger position against such devices, explicitly noting that the routine usage of high-tech devices for the purposes of delivering cryotherapy is deemed not recommended: in the chronic pain context present here. The attending provider has June 18, 2015 progress note was thinly and sparsely developed and failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.