

Case Number:	CM15-0160071		
Date Assigned:	08/26/2015	Date of Injury:	07/19/2014
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 41-year-old male patient who sustained an industrial injury on 07/19/2014. He sustained the injury due to being struck by a horse. The diagnoses include left tibia fracture status post IM nail now with symptomatic hardware, and a left fibula nonunion. Per the doctor's note dated 7/29/2015, he had complains of pain in the leg, from the foot and ankle to the hip area. He had pain at 8 on a scale of 10. The physical examination revealed tenderness over the tibia, over the fracture, and also over the fibula fracture site, tenderness in the calf, dorsiflexion of the ankle 15 degrees, and plantar flexion 45 degrees and intact sensation throughout the foot. The current medications list is not specified in the records provided. He has had X-ray of the tibia, which revealed a well aligned fracture that is healed. The hardware is intact but the fibula is non-united. He has undergone left leg tibia nailing on 7/20/2014. He has had extensive therapy for this injury. The plan is for surgery to remove the IM nail. A request for authorization was submitted for: 1. Assistant surgeon. 2. Crutches purchase. 3. Cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: Assistant surgeon, per the records provided patient is status post IM nail and he had pain due to symptomatic hardware. The physical examination revealed tenderness over the tibia, over the fracture. The treating provider has planned to remove the nail. Surgical assistance is medically appropriate and necessary to remove hardware from the tibia. The request for an assistant surgeon during the hardware removal surgery is medically appropriate and necessary for this patient.

Crutches purchase: Overturned

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) Chapter: Knee & Leg (updated 07/10/15), Walkers, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Crutches purchase, per the cited guidelines, canes or walking aids are "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." In addition, per the cited guidelines "Disability, pain, and age-related impairments seem to determine the need for a walking aid." Patient is planned for surgery- removal of tibia nail. Crutches are medically appropriate to support impaired ambulation post operatively. The request of Crutches purchase is medically appropriate and necessary for this patient.

Cold therapy unit: Overturned

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) Chapter: Knee & Leg (updated 07/10/15), Continuous-flow cryotherapy.

Decision rationale: Cold therapy unit, per the cited guidelines, cold therapy unit is "Recommended as an option after surgery, but not for nonsurgical treatment. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control." The pt will be having surgery for removal of hardware. A cold therapy unit for postoperative use is medically appropriate and necessary in this patient.