

<b>Case Number:</b>	CM15-0160862		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This injured worker is a 71-year-old female who reported an industrial injury on 6-14-2011. Her diagnoses, and or impression, were noted to include: right ankle pain; tendinosis of the tibialis posterior; split tearing of the peroneus brevis tendon with reconstitution; chronic sprain of the deep fibers of the deltoid ligament; and an old tiny osteochondral lesion along the medial talar dome. No current imaging studies were noted. Her treatments were noted to include magnetic resonance imaging studies of the left shoulder (12-4-14), and right ankle injection therapy with temporary relief. The progress notes of 6-29-2015 reported complaints of continued right ankle pain. Objective findings were noted to include: no acute distress; persistent pain along the right ankle and in the region of the "ATFL". The physician's requests for treatments were noted to include the rental of a cold therapy unit, following right ankle arthroscopy with extensive debridement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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) Shoulder section, Continuous flow cryotherapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cold therapy unit is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however, the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnosis is right ankle pain. Date of injury is June 14, 2011. Request for authorization is July 8, 2015. The documentation shows the injured worker is scheduled for a right ankle arthroscopy/debridement. According to a progress note dated June 29, 2015, the injured worker's subjective complaint is right ankle pain. Physical examination shows persistent pain lateral aspect angle no sign of infection with pain in the region of the ATFL. The request for surgical intervention was denied. If surgical intervention is denied, the cold therapy unit is not medically necessary. Additionally, the treating provider requested the culture for 20 days. Continuous flow cryotherapy is recommended for up to seven days. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the requested surgery is denied and a request for cold therapy unit for 20 days (guidelines recommend 7 days), cold therapy unit is not medically necessary.