

Case Number:	CM15-0165533		
Date Assigned:	09/03/2015	Date of Injury:	01/24/2013
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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:

The injured worker is a 39 year old male who sustained an industrial injury on 1-24-13. Progress report dated 7-2-15 reports complaints of swelling and numbness across the top of his foot. Diagnoses include: PT dysfunction, swelling of limb, equinus deformity, coalition of calcaneus, pain in limb and fungus onychomycosis MCR. Plan of care includes: schedule surgery to remove hardware, resect the coalition and fuse the STJ and TNJ, request hospital bed when he returns home from surgery, unna boot was applied to the affected extremity to aid in reduction of swelling and to provide compression therapy, coban was placed over the unna boot for additional compression. Work status: return to work on Monday. Follow up in 2 weeks.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Continuous-flow cryotherapy.

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 post operative 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. At home local applications of cold packs in the first few days of acute complaint; thereafter, application of heat packs or cold pack. Continuous low- level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal activities. In this case, the injured worker's working diagnoses are PT dysfunction; swelling of limb; equinus deformity; coalition of calcaneus; pain in limb; and fungus/onychomycosis MCR. Date of injury is July 24, 2013. Request authorization is dated July 20, 2015. According to a July 2, 2015 progress note, the injured worker presents for unboot application. The injured worker was approved for surgery that includes removal of hardware and fusion of STJ and TNJ. The treating provider requested an ice machine to help reduce swelling. There is no clinical indication for an ice machine. The injured worker can apply an ice pack to be applied at home. There is no clinical indication a rationale for an ice machine. Based on the clinical information in the medical record, peer- reviewed evidence-based guidelines and no clinical indication or rationale for an ice machine, cold therapy unit is not medically necessary.