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| Case Number: | CM15-0169606 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 01/05/2014 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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, Oregon, Washington
 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:

The injured worker is a 49 year old female, who sustained an industrial injury on January 5, 2014. She reported headache, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain with associated tingling and numbness, low back pain, bilateral lower extremity pain with numbness and tingling, bilateral knee pain and bilateral ankle pain with associated numbness and tingling. The injured worker was diagnosed as having pain in the right ankle and joints of the right foot, insomnia, depression, anxiety and stress. Treatment to date has included diagnostic studies, surgical intervention of the right and left knee, physical therapy, chiropractic care and acupuncture for the bilateral shoulders, wrists and knees, shockwave therapy for the bilateral shoulders, wrists and knees, medications and work restrictions. Currently, the injured worker continues to report headache, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain with associated tingling and numbness, low back pain, bilateral lower extremity pain with numbness and tingling, bilateral knee pain and bilateral ankle pain with associated numbness and tingling. She also reported depression, anxiety stress and insomnia secondary to chronic pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 4, 2015, revealed continued right ankle pain rated at 5 on a 1-10 scale with 10 being the worst. She noted the pain was burning, constant and moderate to severe. It was aggravated with squatting, kneeling, ascending or descending stairs, prolonged positioning, weight bearing, standing and walking. Right ankle examination revealed tenderness to palpation over the medial and lateral malleolus,

inversion range of motion at 15 out of 20 degrees and positive anterior and posterior drawer testing bilaterally. Evaluation on August 5, 2015, revealed continued right ankle pain. There were no changes on right ankle examination noted since the last noted evaluation. She rated her pain at 4-5 on a 1-10 scale with 10 being the worst. Evaluation on The RFA included a request for Cooling system 4-week rental and purchase of pad/wraps (right ankle) and was non-certified on the utilization review (UR) on August 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling system 4 week rental and purchase of pad/wraps (right ankle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore the request is not medically necessary.