

Case Number:	CM15-0204589		
Date Assigned:	10/21/2015	Date of Injury:	12/22/2013
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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: Minnesota, Florida
 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 55 year old female with an industrial injury date of 11-11-1984 - 04-28-2011. Medical record review indicates she is being treated for left foot multiple fracture 3, 4, 5, medial cuneiform fractures and left ankle sprain, calcification of talar dome. She presented on 06-18-2015 and was scheduled to have condylectomy of the fifth metatarsal of the left foot. The injured worker stated she was moving the next week and would return in three months to undergo the surgery. The treating physician indicated the surgery would more likely be scheduled sometime in 09-2015. Work status (06-18-2015) is documented as retired. Prior treatment included shoe insert and supportive shoes. Medications include Motrin. Physical exam (06-18-2015) noted pedal pulses were within normal limits. Capillary fill time was documented as less than 3 seconds bilaterally. The treating physician noted the injured worker demonstrated continuation of "significant" hyper callosity to fifth metatarsal left foot with pain. Neurological and muscular exam are documented as within normal limits. On 09-21-2015 the request for TENS unit purchase and cold therapy unit times 8 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: California MTUS chronic pain treatment guidelines indicate a TENS unit is recommended as a treatment option for postoperative pain, particularly mild-to-moderate thoracotomy pain. It has been shown to be of lesser effect or not at all for other orthopedic surgical procedures. As such, the request for a TENS unit after a condylectomy is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.

Cold therapy unit x 8 weeks: 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 Chapter, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Continuous flow cryotherapy.

Decision rationale: With regard to the request for continuous flow cryotherapy, ODG guidelines are used. The guidelines recommend continuous-flow cryotherapy for 7 days after shoulder and knee surgery but not for foot surgery. According to the guidelines, continuous flow cryotherapy is not recommended in the ankle and foot. However, cold packs are recommended. As such, the request for continuous flow cryotherapy is not medically necessary.