

<b>Case Number:</b>	CM15-0021988		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 29 year old male, who sustained an industrial injury on October 7, 2013. He has reported a left ankle injury. The diagnoses have included status post open reduction internal fixation left ankle. Treatment to date has included surgery, radiological imaging, walking boot, physical therapy, and medications. Currently, the IW complains of continued ankle pain. Physical findings indicate range of motion of the ankle as dorsiflexion 15 degrees, plantar flexion 35 degrees. A surgical scar is noted. Tenderness and swelling over the ankle are demonstrated. More recent physical findings indicate range of motion of the ankle as dorsiflexion 15 degrees, plantar flexion 50 degrees, eversion 20 degrees, and inversion 35 degrees. The records indicate improvement of 40-50 percent with physical therapy. On January 22, 2015 Utilization Review non-certified Q-tech cold therapy unit. The ODG guidelines were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Q-tech cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankel & Foot, Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, Continuous flow cryotherapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, Q tech 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 seven 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 in the ankle and foot has not been fully evaluated. Continuous flow cryotherapy to the ankle is not recommended. In this case, the injured worker's working diagnosis is status post open reduction internal fixation left ankle. There is no documentation in the medical record with a clinical indication or clinical rationale for the Q Tech cold therapy unit. Consequently, absent clinical documentation with a clinical indication and rationale in contravention of the recommended guidelines (continuous flow cryotherapy to the ankle is not recommended), Q tech cold therapy unit is not medically necessary.