

<b>Case Number:</b>	CM15-0025619		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female who sustained an industrial injury on 12/16/2013. Current diagnosis includes left ankle pain. Previous treatments included medication management, physical therapy, surgery, and casting. Report dated 11/26/2014 noted that the injured worker presented with complaints that included intermittent right knee pain and left ankle pain. Pain level was rated as 4-10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/05/2015 non-certified a prescription for knee walker, hot/cold therapy, interferential unit, and shower boot, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Ankle & Foot- Acute & Chronic (updated 12/22/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter, walking aids.

**Decision rationale:** The 2/05/15 Utilization Review letter states the Knee Walker requested on the 1/12/15 medical report was denied because the reviewer believes weight bearing it typically allowed sooner after the procedure and there are no reports of difficulty using crutches. The 1/12/15 podiatry report states the CT of the left ankle shows the bones are healed from the internal fixation, but there is significant pain. The recommendations are to remove the hardware. The patient was able to work with modified duties. The medical report that discusses the DME for postsurgical care was not available for this review. This request is for a knee walker to be used following a hardware removal surgery following a painful left ankle internal fixation. The ODG-TWC guidelines, Knee chapter online, under walking aids states: Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a knee walker for ambulation following the ankle surgery is in accordance with ODG guidelines. The request for postsurgical use of a knee walker IS medically necessary.

**Hot/cold therapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-362.

**Decision rationale:** The 2/05/15 Utilization Review letter states the Hot/cold therapy requested on the 1/12/15 medical report was denied because the reviewer believes the surgery is straight forward and cold/hot therapy is not necessary for a successful outcome. The 1/12/15 podiatry report states the CT of the left ankle shows the bones are healed from the internal fixation, but there is significant pain. The recommendations are to remove the hardware. The patient was able to work with modified duties. The medical report that discusses the Hot/cold therapy for postsurgical care was not available for this review. This request is for hot/cold therapy. MTUS/ACOEM, Chapter 14, Foot and Ankle, page 361-362, under General Approach and Basic Principles, states: Relieving discomfort can be accomplished most safely by temporary immobilization, elevation, use of heat and cold, restricted weight bearing, and systemic nonprescription analgesics. The MTUS guidelines allow for use of heat and cold for management of foot and ankle injuries. The request for post-surgical use of Hot/cold therapy IS medically necessary.

**Interferential unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Pain (updated 02/04/15): Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** The 2/05/15 Utilization Review letter states the Interferential Unit requested on the 1/12/15 medical report was denied because the reviewer states the guidelines do not recommend this as an isolated intervention. The 1/12/15 podiatry report states the CT of the left ankle shows the bones are healed from the internal fixation, but there is significant pain. The recommendations are to remove the hardware. The patient was able to work with modified duties. The medical report that discusses the Interferential Unit for postsurgical care was not available for this review. This request is for Interferential Unit. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg114-121, under Interferential Current Stimulation, states: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine with significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment. Contrary to the UR rationale, the MTUS guidelines provide support for use of interferential therapy following surgical procedures. However, the guidelines state that in order to use the modality, there must be documentation of efficacy. In this case, there is no prior documentation of success with use of interferential therapy, and the medical report that discusses or requests the interferential therapy was not provided for this review. Based on the available information, the request for the Interferential Unit, IS NOT medically necessary.

**Shower boot:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Ankle & Foot- Acute & Chronic (updated 12/22/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee chapter for Durable Medical Equipment.

**Decision rationale:** The 2/05/15 Utilization Review letter states the Shower boot requested on the 1/12/15 medical report was denied because the reviewer says there are no guidelines for a shower boot and it is not necessary for a successful outcome. The 1/12/15 podiatry report states the CT of the left ankle shows the bones are healed from the internal fixation, but there is significant pain. The recommendations are to remove the hardware. The patient was able to work with modified duties. The medical report that discusses the shower boot for postsurgical care was not available for this review. This request is for shower boot. ODG-TWC guidelines, knee chapter for Durable Medical Equipment, states certain DME toilet items may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitation. The shower boot appears to meet the definition of DME for postsurgical use, and appears to be in direct accordance with ODG guidelines, to keep the incision dry and decrease chances for infection. The request for use of a shower boot following an ankle surgery IS medically necessary.