

Case Number:	CM15-0028266		
Date Assigned:	02/20/2015	Date of Injury:	10/12/2014
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old female reported a work-related injury on 10/12/2014. According to the PR2 dated 2/11/15, the injured worker (IW) reports improvement of intermittent right ankle and knee pain with alternative treatment. She still has difficulty with weight bearing. Diagnoses include right ankle and knee sprain, headache, sleep disturbance and post traumatic stress disorder. Previous treatments include medications, chiropractic treatment, EMS and diathermy. The treating provider requests hot/cold unit (purchase) for the right ankle. The Utilization Review on 01/14/2015 non-certified the request for hot/cold unit (purchase) for the right ankle, citing ACOEM Chapter 12 recommendations and Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Unit (Purchase) for the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 427.

Decision rationale: According to the guidelines, cold therapy is indicated in the 1st few days after the injury then heat or cold after as the claimant desires. In this case, the claimant has received manual therapy and diathermy. The claimant was obtaining good results with the therapy with up to 20% improvement. There is no mention of persistent edema that would require cold therapy. There is also no indication for indefinite use of the unit where purchase would be required vs intermittently using an ice pack or heat pack. As a result, the request to purchase a heat/cold unit is not medically necessary.