

Case Number:	CM15-0222993		
Date Assigned:	11/19/2015	Date of Injury:	06/04/2014
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: Florida

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:

The injured worker is a 43 year old male-female, who sustained an industrial-work injury on 6-4-14. The injured worker was diagnosed as having left ankle sprain-strain, and chronic myofascial pain. Treatment to date has included medication: Naproxen; transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, physical therapy, and podiatry evaluation. MRI results were reported on 5-12-15 that demonstrated mild plantar fasciitis, minimal arthritis changes in the left great toe, minimal tenosynovitis of tibialis posterior with insertional tendinosis, chronic sprain-strain and thickening medial collateral ligament without tear. Currently, the injured worker complains of left ankle and foot pain and worse with standing and radiated to the right knee and right side of the lower back. Objective finding were not documented. Per the primary physician's progress report (PR-2) on 10-26-15, she worked with restrictions with report of end of shift pain. The Request for Authorization requested service to include Retrospective ice pack and Retrospective ankle brace. The Utilization Review on 11-2-15 denied the request for Retrospective ice pack and Retrospective ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ice pack: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: MTUS guidelines state "At-home local applications of cold packs during first few days of acute complaints;" thereafter, "applications of heat packs." This sentiment is voiced in numerous locations throughout MTUS guidelines in relation to acute injuries - ice/cold packs for acute injuries. Regarding this patient's case, there is no documentation of an acute injury when this ice pack was prescribed. Additionally, there is no literature documentation of superiority over typical readily available cold applications (such as those that can be applied at home.) Likewise, this request for an ice pack is not medically necessary.

Retrospective ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

Decision rationale: MTUS guidelines do not recommend bracing of a joint unless the joint is judged to be unstable. The documentation provided does not indicate that this patient had an unstable joint. Likewise, this request is not medically necessary.