

Case Number:	CM15-0034427		
Date Assigned:	03/02/2015	Date of Injury:	07/22/2008
Decision Date:	04/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old male, who sustained an industrial injury on 7/22/08. He has reported right foot injury. The diagnoses have included osteoarthritis of the right ankle and foot with chronic sesamoiditis. Treatment to date has included medications, injections and custom functional orthotics. Currently, per the physician progress note dated 1/14/15, the injured worker returns to the clinic with secondary issues related to sesamoiditis. He received functional orthotics and complains of worsening symptoms, had to compensate through his entire lower extremity. He discontinued using the orthotics. The physician is requesting accommodative palliative orthotic versus the received functional orthotic since he does not tolerate functional hard materials. On 2/20/15 Utilization Review non-certified a request for 1 Cold therapy unit and 8 session of physical therapy, noting the Official Disability Guidelines, Ankle and Foot (Acute and Chronic) and (ACOEM) Occupational Medicine Practice Guidelines Chapter 14 ankle and foot complaints page 376 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Continuous-flow cryotherapy.

Decision rationale: MTUS is silent on the use of cold therapy units. ODG states, "Not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain." Guidelines recommend the use of cryotherapy units for the short term post-operatively for no more than 7 days. Otherwise ice packs should be utilized. The medical records provided indicate this patient is not a surgical candidate. The treating physician has not provided medical rationale behind this request to meet guidelines. As such, the request for Cold therapy unit is not medically necessary.

8 session of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guideline advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The request for 8 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for 8 session of physical therapy is not medically necessary.