

Case Number:	CM15-0056830		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old female, who sustained an industrial injury on 10/2/01. She has reported a low back injury while transporting a box. The diagnoses have included tarsal tunnel syndrome, painful internal fixation, plantar fasciitis right foot, Achilles tendon injury, painful gait and low back pain with radicular symptoms, failed back syndrome, derangement of joint ankle/foot and thoracic/lumbar neuritis/radiculitis. Treatment to date has included medications, surgery, podiatry, physical therapy, and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the right ankle was done on 8/8/14. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography of the bilateral lower extremities was performed on 5/23/13. Currently, as per the physician progress note dated 3/9/15, the injured worker recently threw her back out by leaning forward to cut her dogs nails and when she leaned back she felt her back go out. It was noted that she has only 1 physical therapy appointment left, she was waiting for hardware block authorization and the podiatrist was requesting authorization for orthotics. The physical findings revealed abnormal gait as she moves very slowly, protecting the angle of flexion of the lumbar spine. It was noted that any movements appear to be very painful. Physical assessment revealed complaints of new pain right foot with ripping sensation, complaints of her back giving out recently, chronic pain, status post foot surgery, low back pain, status post lumbar fusion, persistent lumbosacral radiculopathy, continued severe pain in lower extremities and low back, severe fibromyalgia syndrome and severe hip pain bilaterally. There was previous physical therapy sessions noted. The physician requested treatment includes a Hot/cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/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 (ODG), Foot/Ankle chapter - Continuous flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics 12th Edition. 2013.

Decision rationale: The patient is a 53 year old female with an injury on 10/02/2001. She had lumbar fusion and foot surgery. She has chronic back pain. MTUS ACOEM guidelines recommend active over passive physical treatment. Also, patients may use hot packs or cold packs at home without the need of a physical therapist and without the need of a special unit. While cold therapy units may be used after shoulder surgery, there is no documentation that their use improves the long term surgical outcome or decreases the length of the surgical admission. Hence, the use of cold therapy units is not standard of care. The cold/hot therapy unit is not medically necessary.