

Case Number:	CM15-0087908		
Date Assigned:	05/12/2015	Date of Injury:	08/12/2008
Decision Date:	06/17/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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: Neurology, Pain Management

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 47 year old male who sustained an industrial injury on 8/12/2008. His diagnoses, and/or impressions, are noted to include: herniated thoracic disc; lumbar degenerative disc disease; status-post bilateral carpal tunnel release, right on 12/3/2011, and left on 10/8/2011 with De Quervain's release; and anxiety with depression. No current imaging studies are noted. His treatments have included surgeries; use of a cane; medication management; urine toxicology screenings; and rest from work. Progress notes of 3/17/2015 reported worsened left ankle pain, no change in lower back or bilateral wrist/hand pain; and the scheduling of the removal of the left ankle hardware on 3/28/2015. The objective findings were noted to include a limp on the left with cane in the right hand; tenderness in the bilateral wrists/hands with positive Phalen's & Tinel's, abnormal findings of the median nerve and weak grip strength; spasms & tenderness over the lumbar para-spinal muscles; and swelling with tenderness in the left foot/ankle. It was noted that left ankle arthroscopy surgery with hardware removal was scheduled on 3/28/2015, and the physician's requests for treatments were noted to include rental of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 7 day rental of cold therapy unit (3/28/15): 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), ankle and foot continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines: ankle, cold therapy.

Decision rationale: Not recommended in the neck or lumbar spine. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Hot/ Cold compression unit as a form of cryotherapy is not supported after lumbar or cervical discectomy surgery. The medical records reference ankle surgery for which cold therapy is not supported under ODG guidelines. The medical records do not indicate findings supporting of extenuating circumstances to support this treatment for the insured. The request is not medically necessary.