

<b>Case Number:</b>	CM14-0117073		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old female registered nurse with a date of injury on 2/12/2014. Injury occurred while she was running to a code, slipped and fell, twisting the right ankle and falling onto the right knee. She was diagnosed with right knee contusion, right ankle sprain, and right hip sprain. Past surgical history was positive for right ankle reconstruction surgery in March 2012. The 4/25/14 right ankle magnetic resonance imaging (MRI) impression documented an osteochondral lesion of the medial talar dome with full thickness cartilage defect and flap tear. There was a mild chronic healed sprain of the anterior talofibular ligament, the deep component of the deltoid ligamentous complex, and fibulocalcaneal ligament. There was a type 2 accessory ossicle of the navicular with normal marrow signal intensity and mild posterior tibialis tenosynovitis. There was a mild to moderate degree of peroneal longus tenosynovitis. The 6/23/14 treating physician report cited continued right ankle and knee pain. Physical exam documented lateral and malleolar right ankle pain, especially over the talar dome. There was decreased range of motion with discomfort. Authorization for right ankle arthroscopy with talar dome debridement versus osteoarticular transfer system (OATS) repair was requested with post-op physical therapy, cooling sleeve and pre-op clearance. The 7/2/14 utilization review modified a request for right ankle surgery and approved a right knee arthroscopy with talar dome debridement. The request for a cooling sleeve was denied. No rationale for the denial was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op cooling sleeve:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -post operative cryotherapy is guideline supported treatment as it is stated to diminish swelling and medication requirements and the postoperative period and allows earlier rehabilitation. There is no guideline support for the utilization of a cooling sleeve in the pre-op period.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) is silent regarding cold therapy units. The Official Disability Guidelines state that continuous flow cryotherapy is not recommended in ankle complaints. Guidelines support the use of applications of cold packs. There is no compelling reason in the records reviewed to support the medical necessity of a cooling sleeve over a standard typically readily available cool-cold pack. Therefore, this request is not medically necessary.