

Case Number:	CM14-0142231		
Date Assigned:	09/10/2014	Date of Injury:	10/10/2009
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 48-year-old female with a date of injury of 10/10/2009. The listed diagnoses per [REDACTED] are: 1. Left ankle pain. 2. Insomnia. 3. PTSD. The medical file provided for review includes one progress report from 08/05/2014. According to this report, the patient presents with left ankle pain. Physical examination revealed full range of motion and strength. This progress report is handwritten and partially illegible. The treater recommends refill of medications, physical therapy, interferential unit, ARS, solar care system, and ankle rehab kit. Utilization review denied the request on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle rehab kit-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Exercise for Chronic pain:

Decision rationale: This patient presents with continued left ankle pain. The treater is requesting an ankle rehab kit for purchase. The ACOEM, MTUS AND ODG guidelines do not discuss ankle rehab kits. ACOEM states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although exercise is recommended, it is unclear as to what the "rehab kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. This request is not medically necessary.

ARS hot and cold unit-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: This patient presents with left ankle pain. The treater is requesting ARS hot and cold unit and pad/wrap for purchase. The MTUS and ACOEM Guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines have the following regarding continuous-flow cryotherapy, "recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." This patient is not status post surgery and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. This request is not medically necessary.

ARS pad/wrap-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: This patient presents with left ankle pain. The treater is requesting ARS hot and cold unit and pad/wrap for purchase. The MTUS and ACOEM Guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines have the following regarding continuous-flow cryotherapy, "recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." This patient is not status post surgery and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. This request is not medically necessary.

IF unit-1 month rental with electrodes x2 packs, batteries x 2 and set up/delivery:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with left ankle pain. The treater is requesting an interferential unit with 2 electrodes, 2 batteries with set up and delivery for a 1-month rental. Utilization review denied the request stating that significant deficits directed to the ankle are not outlined. The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. However, if it is going to be used, poorly controlled post-operative pain is one of the criteria. This patient is s/p ankle surgery and one-month trial of IF unit appears consistent with MTUS. This request is medically necessary.