

Case Number:	CM14-0142783		
Date Assigned:	09/23/2014	Date of Injury:	12/05/2013
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of December 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; irrigation and open debridement of an open foot wound following a crush injury on January 13, 2014; unspecified amounts of physical therapy over the course of the claim; and multiple revision surgical procedures. The claims administrator reportedly denied a hot and cold therapy unit on August 21, 2014. The applicant's attorney subsequently appealed, on September 17, 2014. On April 18, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing issues with delayed wound healing about the left great toe. On May 14, 2014, the applicant was again placed off of work, on total temporary disability, owing to residual toe pain, delayed wound healing, and toe stiffness. On June 20, 2014, the applicant was again placed off of work, on total temporary disability. Scarring and delayed healing were noted about the surgical wound. On August 11, 2014, the applicant transferred care to a new primary treating provider (PTP). Norco, omeprazole, topical compounds, a foot orthotic, interferential unit, and hot and cold unit were prescribed. The applicant was placed off of work, on total temporary disability. The applicant's primary presenting complaint on this date was low back pain. Ancillary complaints included left knee and left foot pain, depression, anxiety, and sleep disturbance.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 370. 299..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, simple, low-tech at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 also suggests that at-home local applications of heat and cold are recommended as methods of symptom control for ankle and foot complaints. By implication, then, there is no support in ACOEM for the more elaborate, high-tech, hot-cold therapy unit proposed here. The attending provider failed to furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.