MAXIMUS Federal Services

Case Number:	CM14-0185806		
Date Assigned:	11/13/2014	Date of Injury:	05/28/2003
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Podiatric surgery, and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 5/28/2003. This patient sustained injury to the right lower extremity, necessitating prior surgery including right ankle stabilization in December 2011, and removal of fiber wire and scar revision in October 2014. On 7/29/2014 patient visited his doctor with complaints of painful lower extremity and antalgic gait. Patient notes increasing pain to the right ankle. Fiber wire from prior surgery is showing reversion. During this day the physician requested authorization for removal of fiber wire. On 8/18/2014 patient relates continued pain to the right ankle. Ankle demonstrates severe decrease in ankle inversion and eversion. Patient is scheduled on 10/24/2014 for removal of fiber wire and scar revision as conservative care is not alleviating his pain. A post operative TENS unit, cryotherapy unit, and a knee walker are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative TENs unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical stimulation for post-operative pain Page(s): 116.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for postoperative tens unit purchase is not medically reasonable or necessary for this patient according to the guidelines. The guidelines state that a TENS unit is recommended as a treatment option for acute post-operative pain in the first 30 days Post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. (Solak, 2007) (Erdogan, 2005). It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. (Breit, 2004) (Rosenquist 2003) The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. This patient is having orthopedic surgery, and the above reference states that the effectiveness of the TENS unit is poor with this type of surgery. Therefore the request is not medically necessary.

Post-Operative knee walker rental for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; Knee and Leg Procedure Summary

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, pg 39- rolling knee walker

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a postoperative knee walker rental 48 weeks is not medically reasonable or necessary according to the guidelines. The ODG guidelines advise that rolling knee walkers are recommended for patients who cannot use crutches, standard walkers, or other standard ambulatory assist devices such as canes, crutches, braces etc. There is nothing in the documentation in this case that advises that this patient would have difficulty using crutches or a cane. For this reason a rolling knee walker is not medically necessary.

Post-operative cold therapy unit rental for 8 week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC- Cryotherapy

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, pg 17

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for postoperative cold therapy unit rental x eight weeks is not medically reasonable or necessary according to the regulations. The ODG guidelines advise that continuous flow cryotherapy is not recommended. The use of this modality has not been fully evaluated. Therefore the request is not medically necessary.