

Case Number:	CM14-0120962		
Date Assigned:	09/16/2014	Date of Injury:	09/26/2011
Decision Date:	06/29/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 36 year old male, who sustained an industrial injury on September 26, 2011. The injured worker was diagnosed as having a left tibia fracture status post open reduction and internal fixation (ORIF), left foot plantar fasciitis secondary to calcaneal contusion, left ankle incision and drainage, non-union tibia fracture, an antalgic gait, and depression. Treatment to date has included x-rays, electromyography (EMG)/nerve conduction velocity (NCV), CT scan, twelve chiropractic treatments, thirty-six sessions of physical therapy, six acupuncture treatments, and medication. Currently, the injured worker complains of the left ankle with a crunching sensation, with pain rated a 5/10 on the visual analog scale (VAS), and a painful gate, walking ten minutes then severe 7/10 pain. The Primary Treating Physician's report dated June 25, 2014, noted the injured worker's symptoms worse, with the injured worker using 2-3 Norco per day for pain. Physical examination was noted to show tenderness in the left Achilles and calcaneus areas, with left Achilles ecchymosis/edema, and a positive left ankle talar tilt test. The treatment plan was noted to include a surgical request from June 4, 2014, for hardware removal of the left ankle, with Norco prescribed, and recommendation for a surgical follow-up. The injured worker's work status was noted to be able to return to modified duties as of June 25, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle-Foot (Acute & Chronic).

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

Decision rationale: MTUS does not specifically address hot/cold therapy, therefore the Official Disability Guidelines (ODG) were referenced. ODG states: Not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. (Hubbard, 2004) (Wilke, 2003) (Stockle, 1995)" Guidelines recommend against the use of these types of units for ankle injuries. Additionally, the treating physician has not specified the length of use of this unit. As such, the request for Hot/Cold therapy is not medically necessary and appropriate.