

Case Number:	CM15-0017208		
Date Assigned:	02/05/2015	Date of Injury:	09/03/2013
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 male, who sustained an industrial injury on 9/3/2013. The patient underwent right ankle arthroscopy with chondroplasty, osteophyte excision, partial synovectomy, removal of loose bodies and lysis of adhesions on 6/24/14. The 11/28/14 right ankle MRI demonstrated an osteochondral lesion at the talar dome. The 12/10/14 treating physician report cited severe right ankle pain and disability, with the patient in marked distress. The patient had failed non-operative conservative treatment including medications, bracing, activity modification, physical therapy, and injections. Arthrotomy of the right ankle with OATS procedure of the talus with graft from right knee arthrotomy was certified on 1/2/2015. The treating physician is requesting cold therapy unit for purchase and inferential unit 1 month rental, which is now under review. On 1/2/2015, Utilization Review had non-certified a request for cold therapy unit for purchase and inferential unit 1 month rental. The cold therapy unit was modified to a 7 day rental. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associate services) Cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot; Knee and Leg: Continuous flow cryotherapy

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines generally support continuous-flow cryotherapy as an option for up to 7 days in the post-operative setting. The 1/2/15 utilization review decision recommended modification of the request for cold therapy unit purchase to 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.

(Associated services) IF Unit 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that an IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. The Official Disability Guidelines do not recommend the use of electrical stimulators in ankle or foot injuries, except in the treatment of foot drop. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. Therefore, this request is not medically necessary.