MAXIMUS Federal Services

Case Number:	CM15-0114955		
Date Assigned:	06/23/2015	Date of Injury:	04/05/2014
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Indiana, Oregon
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 43 year old male who sustained an industrial injury on 4/5/14 from a fall landing on his left side and rolling his left foot inward. He had immediate pain to the entire left ankle. The injured worker was medically evaluated, had x-rays showing a spiral fracture and left ankle dislocation. His ankle was popped back into place, placed in a non-weight bearing cast and given crutches. He had surgery and placed in a CAM walker. He had 20 physical therapy sessions and returned to work in 9/2014. He continued with pain and had MRI and x-rays. He currently complains of pain in the front and sides of his left ankle with most of the pain in the inner aspect. He has pain in the left great toe area. Medications were not specifically named. Diagnoses include status post open reduction internal fixation distal fibular fracture left ankle; scarring- fibrosis deltoid ligament left ankle; capsulitis/ tenosynovitis dorsal aspect left first metatarsophalangeal joint region. Diagnostics include left foot x-ray s (4/3/15) unremarkable; MRI left ankle (10/6/14) showing plate and screw fixation for fibular fracture. On 5/19/15 the treating provider requested cold therapy unit; interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a post-operative cold therapy unit for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore the request is not medically necessary.

Purchase of a post-operative IF unit for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

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

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." ODG Ankle recommends electrical stimulation only for motor defects after spinal cord injury. It is not recommended in the ankle for pain. The request is for DME for a stimulator unit, which is recommended only for foot in the setting of spinal cord injury. Based on this the request is not medically necessary.