

Case Number:	CM15-0120408		
Date Assigned:	06/30/2015	Date of Injury:	04/05/2013
Decision Date:	08/25/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Minnesota, Florida
 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 46 year old male who sustained an industrial injury on 4/5/13 when he rolled his left ankle during the course of a foot pursuit causing a left ankle injury. He has had multiple prior injuries during his employment including neck, back, shoulder, knees and ankles. He currently continues with left ankle pain and has a computed tomography arthrogram with findings consistent with fraying of the posterior syndesmotoc ligament and plantar fasciitis. He has pain to functionality. He demonstrates a positive, painful anterior drawer sign with instability; painful talar tilt sign, significant pain with eversion stress and has continued clicking issues with the ankle. Medications are Prilosec, gabapentin, baclofen, Lovenza, Bentyl, benazepril, simvastatin, metformin. Diagnoses include diabetes, triggered by industrial injury; hypertension, triggered by industrial injury; obesity with posttraumatic weight gain; psychiatric diagnosis; tear of the posterior syndesmosis; ankle instability; subtalar joint instability with sinus tartitis; sinus tarsi syndrome; painful gait. Diagnostics include left ankle x-ray (4/6/13) no significant abnormality; x-ray of the left tibia/fibula (4/6/13) no abnormality; MRI of the left ankle (6/11/13) showing degenerative changes, no fracture; MRI of the right knee (6/11/13) showing mild chondromalacia, no evidence of tear; MRI of the lumbar spine (6/11/13) moderate disc degeneration and protrusion; MRI of the cervical spine (6/11/13) showing disc degeneration and protrusion. In the progress note dated 5/21/15 the treating provider's plan of care requests knee walker for 8 weeks; cold therapy unit for 8 weeks; interferential unit for 8 weeks and sterile electrodes (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Knee Walker (weeks) QTY: 8: 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) ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Walking Aids.

Decision rationale: With regard to the request for the knee walker ODG guidelines, ankle and foot section, indicate walking aids are recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices. The injured worker will be using a cam boot after surgery. There is no reason given why he cannot use crutches or walker and control weight bearing. California MTUS guidelines Chapter 14 page 371 indicates partial weight bearing is preferable to complete non-weight bearing. However, the injured worker can control the weight bearing with the use of crutches or a walker. As such, the request for a knee walker for 8 weeks is not supported and the medical necessity of the request has not been substantiated.

Associated Surgical Service: Cold Therapy Unit (weeks) QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: With respect to the request for cold therapy, California MTUS guidelines on page 370 indicate application of cold in the first few days of an acute complaint is recommended. Patients may use applications of heat or cold at home before or after exercise. Applying cold regularly for 36-48 hours following acute injury and swelling is beneficial. Cold packs are recommended but continuous flow cryotherapy is not recommended by guidelines. ODG guidelines recommend continuous-flow cryotherapy for the knee and shoulder but not for the foot. However, cold packs are recommended for the foot. As such, the request for continuous flow cryotherapy (cold therapy unit rental for 8 weeks) is not supported and the medical necessity of the request has not been substantiated.

Associated Surgical Service: IF Unit (weeks) QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

Decision rationale: With respect to the request for interferential electrical stimulation, California MTUS chronic pain guidelines do not recommend interferential current as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, and limited evidence of improvement on those recommended treatments alone. As such, the guidelines do not recommend interferential current stimulation and the medical necessity of the requested 8 weeks rental is not established.

Associated Surgical Service: Sterile Electrodes (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

Decision rationale: With respect to the request for sterile electrodes, the guidelines do not recommend use of interferential electrical stimulation. As such, the use of sterile electrodes is also not supported. The medical necessity of the request is not established.