

Case Number:	CM15-0172699		
Date Assigned:	09/14/2015	Date of Injury:	06/04/2013
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 6-4-2013. He reported left ankle fractures from being struck by a forklift, subsequently undergoing open reduction internal fixation (ORIF). The treatments to date were not documented in the medical records submitted for this review. Currently, he complained of left ankle pain, low back pain with occasional numbness affecting the left leg. On 6-30-15, electromyogram and nerve conduction studies (EMG/NCS) was completed on bilateral lower extremities. The physical examination documented tenderness over the medial and lateral malleoli. The nerve conduction results revealed no evidence of radiculopathy or peripheral neuropathy. The medical records submitted did not include any documentation of an evaluation from a primary treating physician or orthopedic physician. The appeal requested authorization for Durable Medical Equipment (DME) a cold therapy unit and cold therapy wrap for purchase. The Utilization Review dated 7-28-15, denied the request indicating the documentation submitted did not indicate an acute condition or evidence that the injured worker was undergoing surgery per the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Cold therapy unit with cold therapy wrap: 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), Low back, Lumbar & Thoracic (Acute & Chronic) chapter - Cold/heat packs.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.