

Case Number:	CM15-0041234		
Date Assigned:	03/11/2015	Date of Injury:	05/23/2014
Decision Date:	05/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 23-year-old male who reported an injury on 05/23/2014. The mechanism of injury was the injured worker slipped on some spilled water and got his foot trapped in the stair rail. The injured worker underwent an MRI of the right ankle on 09/29/2014, which revealed sprain of the posterior fibulotalar ligament, chronic partial intrasubstance tear of the anterior talofibular ligament with thickening and mild increased intrasubstance signal, and injury to the distal fibulotibial interosseous ligament. Prior therapies included medication, physical therapy, injections, and activity modification. The treatment requested was a right ankle modified Brostrom repair with surgical assistant, postoperative physical therapy 3 times 4, cold therapy unit purchase, crutches, and an interferential unit 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (IF), one month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) Page(s): 114-121.

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

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to provide documentation that the unit would be used as an adjunctive therapy. The request as submitted failed to indicate the body part to be treated. Given the above, the request for an interferential unit (IF) 1-month rental is not medically necessary.

Cold therapy unit (CTU), purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. There was a lack of documentation indicating a necessity for a purchase of the unit. This would exceed guideline recommendations. The request as submitted failed to indicate the body part to be treated with cold therapy. Given the above, the request for a cold therapy unit (CTU) purchase is not medically necessary.