

Case Number:	CM15-0068550		
Date Assigned:	04/16/2015	Date of Injury:	04/05/2012
Decision Date:	06/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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 41 year old female, who sustained an industrial injury on 4/05/2012. She reported missing a step on a staircase and falling twisting both ankles and with bilateral knee injuries. Diagnoses include left ankle sprain with ligament strain, bilateral plantar fasciitis, left sacroiliac dysfunction with lumbar radiculitis and mild lumbar discogenic disease. Treatments to date include activity modification, custom orthotics including inserts, braces, and boot, physical therapy, and cortisone injections. Currently, she complains of continued left ankle pain and instability in addition to bilateral foot pain and pain in the left low back. On 3/10/15, the physical examination documented no acute changes, the ankle still revealed swelling, tenderness, and instability. There was tenderness to the left low back with positive straight leg test bilaterally the plan of care included surgery for the left ankle. A request for associated surgical service of continuous flow cryotherapy rental for 4 weeks was non-certified by utilization review citing ODG guidelines. This is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: cold therapy unit (CTU) for the ankle for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Continuous flow cryotherapy.

Decision rationale: The injured worker is a 41-year-old female with a date of injury of April 5, 2012. The current request is for arthroscopy of the left ankle, debridement, synovectomy, lateral ligament repair of the anterior talofibular ligament, one cold therapy unit for 4 weeks and 12 postoperative physical therapy visits. The surgery has been certified by utilization review. The disputed request pertains to the cold therapy unit for 4 weeks. ODG guidelines do not recommend continuous flow cryotherapy for the foot and ankle. It is recommended for use after shoulder and knee surgery only. The effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Studies indicate that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. As such, the request for 4 week rental of the cryotherapy unit is not supported and the medical necessity of the request has not been established.