

Case Number:	CM15-0068962		
Date Assigned:	04/17/2015	Date of Injury:	09/17/2014
Decision Date:	05/18/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/11/2015

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: New Jersey

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 80 year old male, who sustained an industrial injury on 9/17/14. The injured worker has complaints of right ankle and right lower leg pain. The diagnoses have included right ankle sprain and right posterior lower leg muscle strain. Treatment to date has included stirrup ankle brace; physical therapy; anti-inflammatory medications; X-ray of the right ankle and rest. The request was for purchase of hot and cold wrap for the right ankle and leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of hot and cold wrap for the right ankle and leg: 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 & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

Decision rationale: The MTUS ACOEM Guidelines state that applying cold to an acute injury of the leg or ankle is recommended initially for temporary swelling and pain reduction and

intermittently may be used for pain relief. Simple at home application of cold or heat is just as effective as when applied by a physical therapist or with a special cold-delivery device or wrap. Cold therapy does not lead to long-term gains following injury, but may be helpful during the initial 48 hours after injury to the ankle/leg. Heat application is helpful but less so than cold therapy in reducing pain. In the case of this worker, the injury was months prior to this request, and therefore, the cold wrap is unlikely to contribute much to the overall recovery. Also, there was no indication that a special cold wrap would be necessary over simpler methods of cold application. Therefore, the request for purchase of hot and cold wrap for the right ankle and leg will be considered medically unnecessary. The request IS NOT medically necessary.