

Case Number:	CM15-0091745		
Date Assigned:	05/18/2015	Date of Injury:	10/02/2012
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: Internal 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 51 year old male who sustained an industrial injury on 10/02/2012. Mechanism of injury occurred while driving he suddenly felt an inversion and twist in his ankle. Diagnoses include left ankle osteochondral defect of the talus, anterior process fracture calcaneus, and subtalar synovitis and inflammation (sinus tarsi syndrome). Treatment to date has included diagnostic studies, medications, acupuncture with an 80% reduction of pain when walking slowly and a 30% reduction in pain when walking fast paced, and an increase in range of motion on the left ankle, injections, ankle support, and physical therapy. A Magnetic Resonance Imaging of the left ankle done on 07/10/2013 showed an osteochondral defect of the medial dome of eh talus and an anterior process fracture of the calcaneus. A physician progress note dated 04/10/2015 documents the injured worker has continued and worsening pain in the left ankle. The injured worker does not want surgery at this time. There is tenderness to palpation to the lateral ankle and anterior ankle. Treatment requested is for Cold therapy unit for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for the left ankle: 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 Chapter, continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Continuous-flow cryotherapy, Cryotherapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses foot orthotics and shoes. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints indicates that passive physical therapy modalities. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates that continuous-flow cryotherapy is not recommended. The final permanent and stationary report dated April 14, 2014 documented the diagnoses of left ankle osteochondral defect of the talus, anterior process fracture calcaneus, subtalar synovitis and inflammation (sinus tarsi syndrome). No work restrictions are indicated. The impression was good result following conservative treatment. Date of injury was 10/2/2012. MRI dated July 18, 2013 showed a an osteochondral defect of the medial dome of the talus and an anterior process fracture of the calcaneus. He was put in a boot which did help. On examination, the patient was tender over the anterior process of the calcaneus and in the subtalar joint still. He does not have any medial talar tenderness today. He has full range of motion and no swelling, The ankle is stable to stress maneuvers. He still gets an occasional pinching discomfort with inversion maneuvers and certain sudden stepping and pressure on the ankle, but again it is dramatically better than previous. Strength is well-maintained. He does walk with a slight gait abnormality protecting the ankle. The progress report dated 4/6/15 documented tenderness of the medial and anterior left ankle with 1+ swelling and 4/5 strength. Neurovascular was intact. The treatment plan included cold therapy. Cold therapy unit was requested 4/21/15. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates that continuous-flow cryotherapy is not recommended. Therefore, the request for cold therapy unit is not medically necessary.