

Case Number:	CM15-0091890		
Date Assigned:	05/18/2015	Date of Injury:	07/24/2013
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
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: Preventive Medicine, Occupational 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:

This 64 year old man sustained an industrial injury on 7/24/2013. The mechanism of injury is not detailed. Diagnoses include second interspace neuroma of the left foot, metatarsalgia of the left foot, hallux valgus deformity and degenerative joint disease, and painful gait. Treatment has included oral medications, orthotics, injections, and physical therapy. Physician notes dated 4/6/2015 show complaints of foot pain. Recommendations include surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative purchase of cold therapy unit for the left foot: 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), Cold Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 426.

Decision rationale: The MTUS guidelines recommend the applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist. Applying cold

regularly for 36 to 48 hours following acute injury and swelling is beneficial. There is a request for foot surgery for the injured worker. Although post-operative cold therapy would be appropriate post-op, there is no evidence to suggest that a marketed cold system should be purchased versus using an over-the-counter cold pack. The request for post-operative purchase of cold therapy unit for the left foot is determined to not be medically necessary.