

Case Number:	CM15-0099899		
Date Assigned:	06/02/2015	Date of Injury:	04/17/2014
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 42 year old female, who sustained an industrial injury on 4/17/14. The injured worker demonstrates pain on direct palpation of the anterior and lateral aspect of the ankle joint along the fibula with clear indication of internal fixation. The documentation noted she has a painful range of motion. The diagnoses have included status post open reduction and internal fixation of left ankle fracture in 2006; status post left ankle reconstruction in 2008; crush injury, left foot 2014 and impingement syndrome, left ankle. Treatment to date has included lumbar epidural steroid injection; norco; ambien; xanax and percocet; open reduction, internal fixation left ankle; magnetic resonance imaging (MRI) done on 7/24/14 showed cortical irregularities in the distal aspect of the fibula, within the heel spur and orthopedic tendon anchors at the distal aspect of the fibula and magnetic resonance imaging (MRI) of 8/14/14 showed findings consistent with osteochondral defect of the ankle joint, which necessitates further evaluation based the injured workers current condition. The request was for solar care FIR heating system and Heating pad quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care FIR Heating system and Heating pad Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain. Decision based on Non-MTUS Citation ODG-TWC, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361 - 382.

Decision rationale: The patient is a 42 year old female with an injury on 04/27/2014. She had a previous left ankle fracture in 2006 that was treated with an open reduction internal fixation. She had left ankle reconstruction in 2008 and crush injury to left foot in 2014. A MRI on 08/14/2014 revealed an osteochondral defect of the ankle. MTUS, ACOEM notes that the application of heat or cold by a patient is just as effective as the various methods used by therapist (page 369). A special system of application of heat is also not medically necessary. The requested solar heating system and pad is not medically necessary. There is no documentation that the use of this system improves the long-term functional health outcome of the patient's condition.