

<b>Case Number:</b>	CM13-0007854		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 58-year-old female with a 1/22/12 date of injury when the patient was escorting a client to the restroom, the client suddenly slipped on a wet floor, which caused all of her weight to fall onto the client. The patient twisted her back and noted an onset of pain. 6/5/13 progress note documented continued complaints of low back pain radiating to the lower extremities. Physical examination revealed tenderness to palpation in the lumbar paraspinals with spasms and guarding. Straight leg raising was trace positive on the left and negative on the right; sensory deficits were present in the L5 and S1 dermatomes of the right and on the left side. There is no weakness or atrophy involving the lower extremities following a myotomal pattern. The patient was noted to have such severe symptoms that she is only able to walk with a walker. Given the failure of nonsurgical treatment and severe symptoms, surgical intervention in the form of posterior lateral fusion at L5-S1 with bilateral decompression was requested. 6/5/13 lumbar spine x-ray revealed mild spondylosis throughout the lumbar spine and grade 1 spondylolisthesis at L5-S1. 5/1/2013 MRI of the lumbar spine revealed disk protrusion at L2-3 without spinal stenosis. At L5-S1 there was anterolisthesis of L5 on S1, moderately severe to severe facet arthrosis with severe facet arthrosis in the left facet joint at L5-S1. The facet joints arthrosis on the right was more mild to moderate. Facet arthrosis in conjunction with minimal anterolisthesis contributes to moderately severe left lateral recess narrowing and at least moderately severe left neural foramina narrowing. There appeared to be a small disk protrusion into the left neural foramen, as well as left neural foramina narrowing at L5-S1 that is relatively severe, and a likely source for sciatica. Central canal is mildly encroached upon, right lateral recess and right neural foramina or mildly narrowed. At issue is the request for Game Ready/cold unit; TLOS Brace; Front Wheel Walker; 3 in 1 commode which was denied for lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Game Ready/cold unit; TLOS Brace; Front Wheel Walker; 3 in 1 commode:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG (Low Back Chapter)

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. (Raynor, 2005) There is limited information to support active vs. passive cryo units. [REDACTED] considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. (Aetna, 2006). (ODG, Knee Chapter) ODG Knee & Leg (updated 02/15/12) The Game Ready system combines Continuous-flow cryotherapy with the use of vasocompression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. (Waterman, 2011).