

Case Number:	CM13-0015271		
Date Assigned:	06/06/2014	Date of Injury:	12/28/2010
Decision Date:	07/31/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 37-year-old male with a reported date of injury on 12/28/2010. The injury reportedly occurred from a fall off the back of a truck bed. His diagnoses were noted to include lumbar facet syndrome, cervical brachial syndrome, probable gastritis from meds, sacroilitis, probable post-concussion, thoracalgia, probable post-traumatic insomnia, and right wrist tenosynovitis. His previous treatments were noted to include acupuncture, epidural steroid injection and medications. The progress note dated 04/09/2013 revealed the injured worker complained of pain to the spine, loss of range of motion and myospasms and weakness. The physical examination revealed 3+ tenderness to palpation. The physical examination revealed lumbosacral pain that radiated to the left gluteal region with prolonged standing. The progress note dated 06/12/2013 revealed the injured worker complained of pain to the cervical, thoracic, lumbar spine and pelvis with loss of range of motion and myospasm as well as right wrist pain. The physical examination was mostly illegible but noted 3+ tenderness to palpation to the lumbar spine. The Request for Authorization Form was not submitted within the medical records. The request for Durable Medical Equipment -Dynamic Cold Compression Unit; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-DYNAMIC COLD COMPRESSION UNIT: 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/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Game Ready accelerated recovery system.

Decision rationale: The injured worker has complaints of pain throughout his spine and right wrist. The Official Disability Guidelines recommend cold compression therapy as an option after surgery, but not for nonsurgical treatment. The Game Ready System combines continuous-flow cryotherapy with the use of vaso-compression. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready Device or any combined system. However, in a recent yet to be published random controlled trial, injured workers treated with compressive cryotherapy after anterior cruciate ligament reconstruction had better pain relief and less dependence on narcotic use than injured workers treated with cryotherapy alone. There is a lack of documentation regarding the rationale for a Cold Compression Unit. The guidelines do not support the role of a customized Cold Compression Unit for the treatment of chronic neuromusculoskeletal pain, as there are no evidence-based studies supporting or confirming its role. Therefore, the request is not medically necessary and appropriate.