

Case Number:	CM13-0024988		
Date Assigned:	12/18/2013	Date of Injury:	04/28/2013
Decision Date:	06/19/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 patient is an employee of [REDACTED], who has submitted a claim for left elbow pain associated from an industrial injury date of April 28, 2013. Treatment to date has included physical therapy, electrical muscle stimulation, infrared, paraffin, cold packs, chiropractic therapy, and medications which include tramadol, naproxen sodium, Norco, prednisone, Orphenadrine citrate ER, Relafen, Ketorolac injection, Gabapentin, alendronate sodium, escitalopram, ibuprofen and acetaminophen. Medical records from 2013 were reviewed, the latest of which dated November 27, 2013 revealed that the patient complained of constant, severe left shoulder pain that was described as burning and sharp. The pain was aggravated by clothes touching her arm and stretching her shoulder. The patient reported radiating pain and numbness into the upper extremity. There were also complaints of constant, severe left elbow pain that the patient described as burning and sharp. The pain was aggravated by bending the elbow. The patient reported numbness and radiating pain throughout the left upper extremity. She also reported swelling of her elbow and arm. The patient has constant severe pain of the lumbar spine. The pain was made worse by prolonged sitting, standing and lying in bed. The patient reported numbness and tingling over the lumbar spine. She also complained of constant, severe pain in the left wrist and hand that was described as burning. The pain was increased with moving and lifting. The patient reported a "pins and needles" sensation to the area. On examination of the lumbar spine, there was +3 spasm and tenderness of the bilateral lumbar paraspinal muscles from L2 to S1 and multifidus. Kemp's test was positive bilaterally. The straight leg raise test was positive on the right. Yeoman's was positive bilaterally. The right hamstrings reflex was diminished. The right Achilles reflex was decreased. On examination of the shoulder, there was +4 spasm and tenderness to the left upper shoulder muscles, left upper trapezius and left rotator cuff muscles. Codman's test, Speeds test, supraspinatus test were all positive on the left. On

examination of the elbows, there was +4 spasm and tenderness of the left lateral epicondyle, left medial epicondyle and left olecranon. Valgus test, varus test, Cozen's and reverse Cozen's test were all positive on the left. On examination of the hands and wrists, there was +4 spasm and tenderness of the left anterior wrist and left thenar eminence. Tinel's test, Guyon test and bracelet test were all positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/200_299/0297.html

Decision rationale: The California MTUS and ODG do not specifically address cold therapy unit. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of the Ice Machine and similar devices (e.g., TEC Thermoelectric Cooling System, the Vital Wear Cold Wrap, and Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Ice Machine offers any benefit over standard cryotherapy with ice bags/packs. In this case, there are subjective and objective findings of pain and swelling that would warrant the use of cold unit therapy. However, the specific site and the duration of use were not mentioned in the request. Also, it is not specified if the device is for purchase or rental purposes; therefore, the request for Cold Unit Therapy is not medically necessary.