

<b>Case Number:</b>	CM13-0039123		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 patient is a 45-year-old female who fell on the stairs while working on December 17, 2010. The patient has chronic low back pain, right foot pain, and pain in both elbows. MRI lumbar spine shows disc desiccation at L4-5 and L5-S1 there is degenerative changes at both L4-5 and L5-S1. There is foraminal narrowing causing right L4 nerve root pressure. There is bilateral neuroforaminal narrowing at L5-S1. In June 2013, the patient had EMG and nerve conduction studies, which demonstrated no evidence of neuropathy in the bilateral lower extremities. The patient complains of chronic neck pain with radiation to the shoulders and arms. The patient has chronic back pain. The patient has right ankle pain. There is a past medical history significant for depression and anxiety. The patient has been diagnosed with lumbar degenerative disc condition, and chronic pain. At issue is whether or ThermoCool compression unit is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for ThermoCool Compression Unit Trial rental (in months) QTY: 2.00:**

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Comp 2012 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/Heat packs and Continuous-flow cryotherapy.

**Decision rationale:** This patient does not need to establish criteria for ThermoCool compression unit rental. ODG guidelines recommended to 7 days postoperative use of cold therapy. In the postoperative setting, cryotherapy left have improved and to decrease pain and inflammation swelling and narcotic usage. There is no documentation in the medical records indicating that this patient had an operation and is in the postoperative period. Guidelines also suggest that they still pneumatic compression devices may be an option to reduce edema at the acute injury. However, there is no documentation that the patient had an acute injury. There is also no documentation that the patient has deep vein thrombosis for which pneumatic devices may be used. This patient has not established the criteria for device usage.