

Case Number:	CM13-0061625		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2011
Decision Date:	12/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery and is licensed to practice in 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 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 51-year-old female who reported an injury on 12/05/2011 due to an unknown mechanism. Physical examination dated 06/19/2014 revealed diagnoses of lumbar disc collapse with modic endplate changes at L5-S1 and intervertebral disc herniation at L3-L4, L4-L5 and L5-S1 with chronic active L5-S1 radiculopathy. Chief complaint was ongoing bilateral back pain with radiation to the posterolateral thighs, left greater than right. Cervical spine pain was rated an 8/10, lumbar spine pain was rated an 8/10, and bilateral shoulder pain was rated a 7/10. Medications were Tramadol, OxyContin, Ambien and Zanaflex. Electromyography (EMG) and nerve conduction velocity studies revealed abnormal findings consistent with bilateral chronic active L5-S1 radiculopathy. Examination of the lumbar spine revealed decreased range of motion. There was moderate tenderness noted on palpation over the lower lumbar spine and paraspinal muscles. Straight leg raise test was positive on the left. Sensation revealed diminished pinprick appreciation over the left posterolateral thigh, lateral calf and dorsum of the foot, as well as the lateral aspect of the foot. Deep tendon reflexes were 2+ bilaterally with the exception of the left Achilles reflex, which was 0 to 1+. Treatment plan was aquatic therapy for the lumbar spine. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Cold Therapy 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, Knee Chapter, Continuous-Flow Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-Flow Therapy

Decision rationale: The decision for durable medical equipment cold therapy unit is not medically necessary. The Official Disability Guidelines recommend 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 (e.g. 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. There was no indication for how long the treatment should be or how often it is to be used. The request does not indicate where the cold therapy unit is to be used. The clinical information submitted for review does not provide evidence to justify a cold therapy unit. Therefore, this request is not medically necessary.