

Case Number:	CM13-0064665		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2010
Decision Date:	06/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Medicine 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 a 66 year old male claimant who sustained an injury on 6/30/10 involving the right leg, elbow and knee. He had received right knee surgery in 2010 and right shoulder arthroscopy in 2012. An MRI in July 2013 of the cervical spine had shown C5-C6 disc bulging and spinal stenosis. Prior treatments have included physical therapy, TENS unit topical analgesics and oral analgesics. An examination report on 11/8/13 noted cervical myelopathy and radiculopathy. A recommendation was made for epidural spinal injections, aquatic therapy and physiotherapy. There was a subsequent request on 11/15/13 for cold therapy unit.

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 ODG, Cold Pack and Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Knee Pain.

Decision rationale: According to the ACOEM guidelines, cold packs are option for physical treatments for those with cervical complaints - table 8-8. According to the ODG guidelines: "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient." For knee pain ODG states: "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." The documentation does not indicate any planned surgery that would require cryotherapy and cold packs are considered optional. Based on the information provided, a cold therapy unit is not medically necessary.