

<b>Case Number:</b>	CM14-0002962		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational 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 an employee of [REDACTED] and has submitted a claim for cervical spine, lumbar spine, right shoulder, and right wrist pain associated with an industrial injury date of April 26, 2013. Treatment to date has included medications and physical therapy. Medical records from 2013 were reviewed, which showed that the patient complained of moderate pain, stiffness, weakness, and numbness of the cervical spine, lumbar spine, right shoulder, and right wrist. On physical examination, there was tenderness, spasm, and decreased range of motion of the cervical spine, lumbar spine, right shoulder, and right wrist. Tinel's and Phalen's signs were positive. There was also weakness of the right shoulder. Utilization review from December 13, 2013 modified the request for polar ice machine to allow for up to 7 days use of polar ice machine because guidelines recommend postoperative use up to 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POLAR ICE MACHINE X 8 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Workers Compensation Shoulder.

**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: Aetna Clinical Policy Bulletin: Cryoanalgesia And Therapeutic Cold.

**Decision rationale:** CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. [REDACTED] considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, there was no discussion regarding the indication for a polar ice machine despite it being experimental and investigational. Guidelines do not recommend the use of this device; therefore, the request for polar ice machine x 8 days is not medically necessary.