

Case Number:	CM14-0010041		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2000
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 54-year-old male who suffered a work-related injury on 9/4/2000. The mechanism of injury is not clear. Since this injury, he has undergone significant treatment for the lumbar spinal problems; it has consisted of L3-4 fusion in 2001. He has chronic ongoing back pain. He has been on numerous medications including opioids. The patient has also undergone physical therapy, epidural injections and has a spinal cord stimulator which is nonfunctioning. Recently in early 2014, he had undergone discography. It is positive at the L4-5 level and apparently additional surgery is being considered with removal of previous hardware. One of the recommended modality following surgery is TEC system (iceless cold therapy unit with DVT and lumbar wraps) to be used for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEC SYSTEM (ICELESS COLD THERAPY UNIT WITH DVT & LUMBAR WRAPS) X 14 DAYS: 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 McDowell JH, McFarland EG, Nalli BJ. Use of

cryotherapy for orthopedic patients *Orthoped Nurs* 1994;13(5):21-30; and Leutz DW, Harris H. Continuous cold therapy in total knee arthroplasty. *Am J Knee Surg.* 1995; 8(4):121-12.

Decision rationale: Iceless cold therapy has been recommended by some for management of the postoperative edema, DVT prophylaxis and management of pain. However it has not been supported by the literature. Adequate and organized studies regarding the use of these devices are not available. The TEC Thermoelectric Cooling System () is marketed to reduce post-operative pain and edema. It is an iceless cold therapy compression/DVT prophylaxis machine that can also provide heat. It is limited to a cold temperature of 49 degrees F to minimize the potential for frostbite. However, it provides no additional clinical utility or impact on health outcomes than the use of ice or compression wraps. The MTUS and ODG do not clearly have any evidence-based guidelines. However some of the literature is as described in the references listed above. Therefore, the request is not medically necessary.