

<b>Case Number:</b>	CM14-0131420		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Preventive 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:

According to the records made available for review, this is a 52-year-old female with an 8/20/09 date of injury, and left carpal tunnel release on 11/22/10. At the time (7/14/14) of decision for Motorized cold therapy, there is documentation of subjective (neck, bilateral wrist, right elbow, and right shoulder pain) and objective (muscle guarding present in the cervical spine, tenderness to palpitation over the paraspinal musculature, decreased range of motion of the bilateral shoulders, tenderness to palpitation over the right supraspinatus tendon, positive shoulder impingement test, tenderness to palpitation over the flexor attachment at the medial epicondyle bilaterally, tenderness to palpitation over the right and left wrists, and positive Finkelstein's and Durkan's compression tests) findings. The current diagnoses are cervical spine sprain/strain, neck pain with radicular symptoms to upper extremities, bilateral shoulder pain, and bilateral elbow pain. The treatment to date includes physiotherapy and medications. There is no documentation of a pending shoulder surgery that has been authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized cold therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter/Neck & Upper Back Chapter, Continuous Cold Therapy (CCT)/Continuous-Flow Cryotherapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy. Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for MEDLINE

**Decision rationale:** Specifically regarding the wrist/hand, MTUS reference to ACOEM identifies patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Medical Treatment Guideline identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Specifically regarding Shoulder Cryotherapy MTUS does not address the issue. Official Disability Guidelines supports continuous-flow cryotherapy as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, neck pain with radicular symptoms to upper extremities, bilateral shoulder pain, and bilateral elbow pain. However, there is no documentation of a pending shoulder surgery that has been authorized. Therefore, based on guidelines and a review of the evidence, the request for Motorized cold therapy is not medically necessary.