

Case Number:	CM14-0160773		
Date Assigned:	10/06/2014	Date of Injury:	09/29/2010
Decision Date:	11/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 and environmental medicine, has a subspecialty in Public health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 50 year female who sustained an industrially related injury on 9/29/10 involving her neck and upper extremities. There is a prior history of lumbar injury dating back to 1999. There is nothing in the provided record regarding any surgeries to upper extremities or neck. She has ongoing complaints of neck and right elbow pain (6-9/10). Per physical examination available in provided records; she is noted to have tenderness surrounding the right elbow with positive right Phalen's', Finkelsteins' and Tinel's' tests. There is no notation of range of motion or measured strength in the extremity. It should be noted that the physical examination notes are handwritten not entirely legible. This request is for a continuous cold therapy unit. There is no specifically listed indication for this therapy in the available record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous cold therapy unit (purchased): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Cold Packs, Elbow Cold Packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

(Lumbar and Thoracic), Lumbar Support, Other Medical Treatment Guideline or Medical Evidence: <http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>.

Decision rationale: MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states; "Recommended as an option for acute pain are: At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007)". The uses of devices that continually circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. ODG also states that postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use, and there is no indication that this individual has undergone a recent surgical procedure. As such the request for cold therapy unit is deemed not medically necessary.