

Case Number:	CM14-0029366		
Date Assigned:	06/20/2014	Date of Injury:	12/07/2001
Decision Date:	08/06/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 with a date of work injury 12/7/2001. His diagnoses include status post hip revision on 9/4/13; status post revision, take down pseudoarthrosis and fusion of C5-6 and C6-7 04/09/2012; status post posterior spinal fusion L2-4 on 8/24/2011; status post right total hip arthroplasty surgery on 10/21/2010; status post left total hip arthroplasty revision surgery on 04/04/2010; status post left total hip arthroplasty 2006; status post total disc replacement at L3-4; Status post bilateral shoulder surgery times 3 on each side; status post left total hip arthroplasty in 2008; status post right hip core decompression with residuals. The provider is retrospectively requesting 1 Coolcare CTS device + 1 pad from date of service 11/14/2013. There is a 2/17/14 primary treating physician progress report that states that the patient complains of constant low back pain, rated 7/10, with radiation to the bilateral lower extremities and into the feet, and with associated numbness, tingling, and weakness. He also complains of constant bilateral hip pain, rated 7/10 bilaterally, and with associated numbness and tingling. He states that his low back pain feels worse since his last visit. His current medications include Cymbalta, Ambien, and topical creams. He was also prescribed Lyrica, Senna, Percocet, Fentanyl patches, Prilosec, and Lidoderm patches. He also complains of insomnia. He attends physical therapy twice a week. On examination the lumbar spine range of motion remains restricted. Straight leg raise test is positive bilaterally. Lower extremity motor strength weakness is noted in the bilateral hip flexor and quadriceps muscle groups at 4/5. Sensory examination is intact for all dermatomes. He ambulates with a single-point cane. The treatment plan is to continue physical therapy, continue current medications. An 11/12/13 office document states that the patient returns today 2 months follow up for a revision left total hip arthroplasty. His hip is feeling much better and he has only intermittent pain, but is complaining of worsening pain in the right hip.

He has also had a tight hip replacement that the right side has constant pain, more SO than the left. Radiographs of the hips are reviewed and the right hip looks good. He is temporarily totally disabled and will continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 11/14/2013 One Coolcare CTS device + one pad: 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 Non-MTUS: Official Disability Guidelines (ODG) Low back pain- Cold/heat packs; Continuous-flow cryotherapy - knee and leg ; Hip & Pelvis (Acute & Chronic)-cryotherapy.

Decision rationale: The retrospective request with date of service of 11/14/2013 for one Coolcare CTS device + one pad is not medically necessary per the ODG guidelines. The MTUS was reviewed but does not address this issue. The ODG recommends continuous-flow cryotherapy after knee surgery up to 7 days total. The patient's most recent surgery was on the hip dated 9/4/13. There is no discussion of continuous flow cryotherapy in the hip chapter. There is no documentation stating why an at home ice pack could not be used for hip or low back pain in this patient. The retrospective request with date of service of 11/14/2013 One Coolcare CTS device + one pad is not medically necessary.