

<b>Case Number:</b>	CM14-0030426		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 52-year-old man who had a lifting accident while unloading his truck on August 3, 2012. He had an L4 laminectomy and L4-5 interbody and bilateral interpedicular fusions on April 5, 2013 and has degenerative spur formation at L2-3. He was given medications and physical therapy. Although the medications he was prescribed are not included in the documentation, he has had multiple drug screens so the presumption is that he is taking opioid medications. He continues to complain of back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATHERAPY UNIT (WITH CIRCULATING PAD AND BACK WRAP), 42 DAY RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; KNEE AND LEG CHAPTER, CONTINUOUS FLOW CRYOTHERAPY

**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 & Thoracic (Acute & Chronic), Cold/heat packs Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), continuous-flow cryotherapy

**Decision rationale:** An aquatherapy unit (with circulating pad and back wrap) unit helps reduce pain and swelling and facilitates rehabilitation, as cool water is circulated all around the joint providing 360 cooling. The Chronic Pain Medical Treatment Guidelines do not address cold/heat packs, but the Official Disability Guidelines supports them under low back as an option for acute pain through at-home local applications of cold packs in first few days of acute complaint. The Official Disability Guidelines also supports them under knee as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. This worker had surgery on April 5, 2013, more than one and a half years ago. Medical necessity has not been shown and guidelines do not support use of these devices after the acute phase of injury or post-surgery. This request is not medically necessary.