

Case Number:	CM14-0070856		
Date Assigned:	07/14/2014	Date of Injury:	02/01/2013
Decision Date:	09/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 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:

This 41 year-old patient sustained an injury on 2/1/13 from a slip and fall while employed by [REDACTED]. Request under consideration includes Cold therapy unit purchase. Lumbar spine MRI dated 8/2/13 showed 2-3 mm disc protrusion at L5-S1 without significant canal and neural foraminal stenosis. EMG/NCV on 7/3/132 showed isolated right superficial peroneal sensory neuropathy. Conservative care has included physical therapy, medications, chiropractic treatment, steroid injections (3/13/14 without change in leg pain), and modified activities/rest. Report of 4/1/14 from the provider noted persistent low back pain rated at 8/10. Exam showed decreased range of motion, tenderness, decreased diffuse sensation at right L1-3 dermatomes, normal DTRs, and normal motor strength. Request(s) for Cold therapy unit purchase was not medically necessary on 5/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382.

Decision rationale: This 41 year-old patient sustained an injury on 2/1/13 from a slip and fall while employed by [REDACTED]. The request under consideration includes Cold therapy unit purchase. Lumbar spine MRI dated 8/2/13 showed 2-3 mm disc protrusion at L5-S1 without significant canal and neural foraminal stenosis. EMG/NCV on 7/3/13 showed isolated right superficial personal sensory neuropathy. Conservative care has included physical therapy, medications, chiropractic treatment, steroid injections (3/13/14 without change in leg pain), and modified activities/rest. Report of 4/1/14 from the provider noted persistent low back pain rated at 8/10. Exam showed decreased range of motion, tenderness, decreased diffuse sensation at right L1-3 dermatomes, normal DTRs, and normal motor strength. The request for Cold therapy unit purchase was not medically necessary on 5/7/14. Regarding Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity or what is requested is medically reasonable outside recommendations of the guidelines. The request for a Cold therapy unit does not meet the requirements for medical necessity. There is no documented recent surgical procedure to support its use. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery limited to 7-day post-op as efficacy has not been proven after however, has no recommendation for non-operative use. The Cold therapy unit purchase is not medically necessary and appropriate.