

Case Number:	CM14-0086182		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2011
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

The claimant is a 59-year-old male injured worker with date of injury 12/16/11 with related back and neck pain. Per progress report dated 5/20/14, he reported cervical spine complaints and increased stiffness following the right shoulder surgery procedure that he received on 4/30/14. He rated his neck pain as 6/10 in intensity, with radiation to the shoulder region bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/11/14 revealed mild degenerative changes in the lumbar spine and mild levoscoliosis. At L3-4, there is mild-to-moderate right-sided neural foraminal stenosis and mild left-sided neural foraminal stenosis. At L4-L5, there is mild-to-moderate bilateral facet arthropathy and ligamentum flavum redundancy and a mild diffuse disc bulge with superimposed small 2 mm in anterior/posterior (AP) dimension broad-based right paracentral disc extrusion and scoliosis with these findings resulting in mild-to-moderate left-sided and mild right-sided neural foraminal stenosis. At L5-S1, there is a mild diffuse disc bulge with a superimposed small 3 mm broad-based left paracentral disc osteophyte complex and mild bilateral facet arthropathy with these findings resulting in mild left lateral recess stenosis, encroaching upon the inferiorly traversing sacroiliac (SI) nerve root, without displacement, and mild bilateral neural, foraminal stenosis. He has been treated with physical therapy, surgery, and medication management. The date of UR decision was 5/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Cold Therapy Unit: 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), Knee and Leg notes.

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, Continuous-Flow Cryotherapy.

Decision rationale: The MTUS is silent on the use of cold therapy units. The Official Disability Guidelines (ODG) states continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. As the ODG only supports the use of cold therapy units for up to 7 days, purchase is not medically necessary.