

Case Number:	CM14-0094003		
Date Assigned:	07/25/2014	Date of Injury:	11/24/2000
Decision Date:	10/02/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal 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 injured worker is a 62-year-old male who reported an injury on 11/24/2000 due to an unknown mechanism. Diagnoses were chronic neck pain, chronic lower back pain, chronic pain syndrome, opioid dependence, chronic bilateral shoulder pain, chronic bilateral upper extremity pain, status post bilateral elbow surgery. Past treatments were medications, acupuncture and physical therapy. Diagnostic studies were MRI of the left shoulder. Surgical history was bilateral elbow surgery in 02/2014 for the left, the right was on 03/2014. Physical examination on 06/10/2014 revealed some stiffness in the injured worker's knuckles, but he was told by the therapist that his grip had improved. The motion for the elbows was improved. The injured worker reported that he was not having the pain that he had previously before the surgery. Examination revealed bilateral wrist range of motion was good, bilateral elbow range of motion was normal. There was no swelling or erythema noted on the bilateral wrist or elbows. The injured worker's posture was still guarded. Medications were: OxyContin 40 mg, 3 times a day; OxyContin 20 mg, once a day; tizanidine 4 mg, 4 times a day; sulindac 8.6 mg, 4 times a day; temazepam 30 mg, at night time; and docusate sodium 250 mg, 4 times a day. Treatment plan was to continue medications, and continue doing home exercise program and a walking program as much as tolerated. A rationale and Request for Authorization were not submitted.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Flow Cryotherapy

Decision rationale: The decision for COLD THERAPY UNIT PURCHASE is not medically necessary. The California ACOEM Guidelines state patients at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines state for continuous flow cryotherapy 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. 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 acute injuries (e.g. muscle strains and contusions) has not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The injured worker had bilateral elbow surgery in 02/2014 and 03/2014. The injured worker reported that his range of motion and pain was moderately decreased. A rationale for a cold therapy unit purchase was not submitted. Given that the injured worker is greater than 7 days from surgery he does not meet the criteria for cold therapy unit purchase at this time. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.