

<b>Case Number:</b>	CM14-0096914		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family 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 patient is a 42 year-old woman who was injured at work on 6/30/2011. The injury was primarily to her neck, shoulders and arms. She is requesting review of denial for the following: Q Tech Cold Therapy/35 Day Trial; Q Tech DVT Prevention/35 Day Trial; and Purchase of a Front Wheel Walker. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include the following: Strain Right Shoulder; Strain Right Elbow/Forearm; Strain Right Wrist; Strain Right Hand/Finger; Right Carpal Tunnel Syndrome; Status Post Right Carpal Tunnel Release; and Status Post C4-5 and C5-6 Cervical Discectomy with Interbody Fusion (4/25/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q tech cold therapy 35 day trial:** 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), continuous cryotherapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181 and 212.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous Flow Cryotherapy, Shoulder.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the use of cold therapy for the management of neck and shoulder complaints. The use of heat or cold packs is considered as an optional treatment modality involving the home application of heat or cold packs to aid exercise. The use of heat or cold therapy is considered Level D evidence; based on a panel interpretation not meeting inclusion criteria for research-based evidence. Further, the MTUS/ACOEM Guidelines state that "home, local application of cold during first few days of acute complaint; thereafter, then heat application (Page 204)." The Official Disability Guidelines (ODG) does comment on the use of continuous flow cryotherapy for the treatment of pain. These units are 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. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. 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. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. There is limited information to support active vs. passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. (Levy, 1993) It improved ROM and reduced hospital stay by 21%; see also Cold/heat packs. Recent research: This systematic review concluded that solely an analgesic effect was demonstrated by the use of continuous cooling. Another systematic review concluded that, despite some early gains, cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. Although the use of cryotherapy may not be a statistically effective modality, according to this systematic review, it may provide patient benefits. In this case it is not specified why the patient requires a cold therapy unit in place of the recommended use of the local application of cold packs. Further, the duration of use exceeds the MTUS/ACOEM and ODG recommendations for the "first few days of symptoms" per the MTUS Guidelines and "up to 7 days" per the ODG. Therefore, the use of a Q Tech Cold Therapy Device for a 35 day trial is not considered as medically necessary.

**Q-tech DVT prevention 35 day trial:** 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), Venous Thrombosis.

**Decision rationale:** The MTUS/ACOEM Guidelines are silent on the prevention of venous thromboembolic disease. The Official Disability Guidelines comment on the prevention of venous thromboembolic disease. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures. The UK National Institute for Health and Clinical Excellence (NICE) has issued new guidance on the prevention of venous thromboembolism (VTE). They primarily recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of pulmonary embolism [PE], fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. They recommend stockings for prevention of VTE, except in stroke patients. In this case, there is no documentation provided to help risk-classify this specific patient. Therefore, it cannot be determined whether it is medically necessary to provide an IPC device to lower the risk of a thromboembolic event. Further, if the patient was at increased risk, there is insufficient information to determine why an IPC is superior to standard anticoagulation prophylaxis. For these reasons, the use of a Q Tech DVT Prevention device is not considered as medically necessary.

**front wheel walker 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, no chapter boted

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking Aids.

**Decision rationale:** The MTUS/ACOEM Guidelines do not comment on the use of walking aids such as a front wheel walker. In general, walking aids are recommended, as indicated below, for lower extremity complaints. For example, almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) In this case, there is no rationale provided as to the specific need for a front wheel walker. There is no evidence provided that the patient has lower extremity weakness or instability or has undergone an assessment to determine the need for a walking aid. Therefore, a front wheel walker is not considered a medically necessary device.