

<b>Case Number:</b>	CM13-0009752		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/03/2008
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 64 year old female sustained a work related injury on 1/3/2008. The mechanism of injury was not described. The current diagnoses are left carpal tunnel syndrome, status post-surgery and left thumb basilar arthritis, and status post-surgery (5/8/2013). According to the progress report dated 7/24/2013, the injured worker continued to complain of pain, but reported it is improving slowly. The physical examination revealed slight tenderness to palpation with slight swelling noted. Range of motion is still restricted. Grip strength is 3/5. The medication list was not specified in the records provided. The injured worker was treated with bracing, medications, cortisone injections, and surgery. The treating physician prescribed cold therapy unit and pad purchase, which is now under review. In addition to cold therapy unit, the treatment plan included occupational therapy, home exercises, and follow-up care. Work status was off work. On 7/24/2013, Utilization Review had non-certified a prescription for cold therapy unit and pad purchase. The cold therapy unit was non-certified based on guidelines noting the use of a low-tech device such as a cold pack or ice in a plastic bag is just as effective. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT AND PAD, PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar and Thoracic, Cold/heat packs

**Decision rationale:** MTUS does not address this topic. Cold packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. While cold packs are useful for low back pain, there is no recommendation that a Cold unit is necessary to supply the cold applications to the affected area. Sufficient cold can be applied with the use of cold packs. There is no medical necessity for Cold therapy unit. The request should not be authorized.