

<b>Case Number:</b>	CM14-0135308		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/30/2001
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Practice 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 63-year-old woman apparently reported injuries to multiple body parts due to a slip and fall on 10/30/01 and to cumulative trauma. She had bilateral knee surgeries in 2000, a right shoulder surgery in 2001, bilateral total knee replacements in 2007, and repeat right shoulder surgeries in 2011 and 2012. She claimed additional injuries due to falls at home on 2/15/09 and 1/2/13. Her past medical history is notable for diabetes, hypertension, and heart disease. On 2/25/13 she underwent lumbar epidurogram with lysis of adhesions, injection of steroid and anesthetic in the lumbar epidural space with neurolysis, and facet blocks. She was supplied with a motorized cold therapy unit, a Thermaphore heating device and a lumbar spine exercise kit, for all of which authorization was retroactively requested. There are several notes in the available records from the physician who made the requests, all of which contain minimal information and none of which give rationales for dispensing the equipment. He apparently is no longer treating the patient because he is not in the insurer's medical provider network. There are several lengthy notes from the patient's primary treater, all of which document that the patient has ongoing pain in multiple areas, usually including her neck, right shoulder and arm, low back and both knees. She needs a walker for ambulation, and has very limited range of motion. She is not doing any exercises. She is not working, and has not worked for years. The requests for the cold unit, the heating device and the lumbar therapy kit were non-certified in UR on 8/4/14. ODG was cited for the cold therapy unit, and ACOEM 2009 was cited for the heating device. The exercise kit was non-certified based on lack of information as to its specific components.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase, cold therapy unit (retrospective DOS 11/25/13): 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation ACOEM Guidelines, Updated Chronic Pain Section, page 168, Cryotherapies.

**Decision rationale:** The first ACOEM citation above states that physicians can use passive modalities such as heat or cold for a period of two weeks or less during the acute and subacute phases of an injury, to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times per day. The updated chronic pain citation states that examples of cryotherapy include towels moistened with cold water, ice wrapped in a blanket, ice massage, cold water and/or ice placed in a "water bottle," gel packs, cooling sprays, or single-use chemical packets that produce cooling on breaking one pouch inside the other to start a chemical reaction. Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. The clinical documentation in this case does not support the provision of a cold therapy unit to this patient. She is well out of the acute or subacute phase of her injuries, she clearly has no intention of engaging in any exercise program, and the provider has not supplied any rationale for a high-tech device. Based on the evidence-based citations above and on the clinical documentation provided for my review, a cold therapy unit is not medically necessary. It is not medically necessary because the patient's condition is long past the recommended two week duration for such devices, because it is clear that she has no intention of engaging in any exercise, and because the provider has not supplied a rationale for the provision of a high-tech device.

**Purchase, heating pad (retrospective DOS 11/25/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation ACOEM Guidelines, Updated Chronic Pain Section, Heat Therapies, page 168.

**Decision rationale:** The first ACOEM citation above states that physicians can use passive modalities such as heat or cold for a period of two weeks or less during the acute and subacute phases of an injury, to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times per day. The updated chronic pain reference states that self-application of low-tech heat therapy is recommended for treatment of chronic LBP, CRPS, or other chronic pain syndromes. Indications - Applications may be periodic or continuous. Applications should be home-based, as there is no evidence for efficacy of provider-based heat treatments. Primary emphasis should generally be on functional restoration program elements, rather than on passive treatments in patients with chronic pain. Non-proprietary, self-applications of heat therapies are not invasive, have low adverse effects provided excessive heat

is not used, and may have no associated costs and are recommended for management of low back pain. The clinical documentation in this case does not support the provision of a heating pad (in this case a proprietary device called a Thermosphere) to this patient. She is well past the acute and subacute phases of her injuries. She is not engaged in any form of functional restoration, and appears to have no intention of performing any exercise. The requesting provider has documented no rationale for the proprietary device dispensed. Based on the evidence-based citations above and on the clinical information provided for my review, a heating pad is not medically necessary, because the patient is no longer in the acute phase of her injuries, because she is not engaged in any form of functional restoration or exercise, and because the provider has not documented a rationale for the proprietary device dispensed.

**Purchase, lumbar spine exercise kit (retrospective DOS 11/25/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Exercise Page(s): 47.

**Decision rationale:** According to the ACOEM Low Back reference above, a few visits of physical therapy may be useful, per page 299. Patients are expected to exercise on their own after receiving exercise instruction. There is no recommendation for specialized exercise equipment. The Chronic Pain reference states that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The clinical documentation in this case does not support the provision of a lumbar spine exercise kit to this patient. The treating physician has not documented the components of the kit or the specific indications for each component. This patient has had physical therapy in the past, and should be performing home exercise at this point. The patient is documented as not engaged in any kind of exercise, and appears to have no motivation to do so, making it unclear why the kit was dispensed. MTUS Guidelines do not recommend any particular form of exercise over any other, and do not make recommendations for specialized exercise equipment. Based on the MTUS citations above and on the clinical documentation in this case, a lumbar spine exercise kit is not medically necessary. It is not medically necessary because the patient is not exercising and appears to have no motivation to do so, because MTUS does not recommend any specific form of exercise over any other, and because the requesting physician has not documented the components of the kit and the rationale for each component.