

<b>Case Number:</b>	CM14-0070853		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Physical Medicine Rehab, 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 55 year old male with date of injury 1/16/13. The treating physician handwritten and mostly illegible report dated 3/24/14 (88) indicates that the patient presents with pain affecting the cervical spine, thoracic spine and bilateral knees as well as possible flank pain. The physical examination findings from report of 2/10/14 (74), which is referred to because it is legible, reveals tenderness to palpation of the cervical and thoracic spine. Range of motion of the lumbosacral spine is limited due to pain on flexion, extension and right lateral flexion. The patient has tenderness to palpation in the medial aspect of the right knee, pain with passive flexion and extension of the right leg as well as positive circumduction of the right leg. He has noticeable antalgic gait secondary to his low back as well as his right knee injury. Prior treatment history includes MRI, medications, x-rays, EMG, chiropractic care and physical therapy. MRI findings of the thoracic spine reveal mild levoscoliosis, T6-7 posterior disc bulge, possible hepatomegaly and splenomegaly and possible cyst to the lower aspect of the right renal pelvis. MRI findings of the lumbar spine reveal mild scoliosis and L3L4 decrease in height of the disc and posterior disc bulge. MRI findings of the right knee reveal grade III tear of the posterior horn of the medial meniscus, joint effusion, and 5 mm cyst in the popliteal fossa, Wiberg type II patella with chondromalacia patellae and subchondral cysts. The current diagnoses are: 1.Cervicalgia (neck pain) 2.Pain in the thoracic spine 2.Enthesopathy of the right knee. The utilization review report dated 4/18/14 denied the request for aqua relief system (heat/cold unit) purchase for right knee, cervical spine and thoracic spine based on this unit being recommended postoperatively only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Relief System (Heat/Cold Unit) Purchase for Right Knee, Cervical Spine, Thoracic Spine:** 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) Treatment in Workers Compensation (TWC); online neck, continuous flow cryotherapy

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

**Decision rationale:** The patient presents with cervical, thoracic and bilateral knee pain. The current request is for aqua relief system (heat/cold unit) purchase for right knee, cervical spine and thoracic spine. The treating physician states, that the cervical pain is worse at the end of the day. Thoracic pain is persistent. Bilateral knees are still causing pain. Tramadol alleviates the pain and naproxen helps with the swelling. The ODG guidelines state that continuous-flow cryotherapy is "not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. "In this case, the treating physician is requesting a unit that is only recommended postsurgical. According to the records provided there has been no recent surgery. Therefore, this request is not medically necessary.