

<b>Case Number:</b>	CM15-0103639		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old female who sustained an industrial injury on 11/17/2014 when she tripped and fell. The injured worker was diagnosed with lumbar sprain/strain, knee sprain/strain and foot sprain/strain. Treatment to date includes diagnostic testing, cardio-respiratory testing in March 2015, conservative measures, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience low back, bilateral knee and right foot pain. The injured worker rates her pain level at 6/10 in all areas. Examination of the lumbar spine demonstrated decreased range of motion with pain and tenderness to palpation in the L5-S1 spinous process. The bilateral knees were tender to palpation at the medial and lateral joint line with decreased range of motion. The right foot revealed decreased range of motion with pain and tenderness to palpation in the medial aspect of the plantar foot. Current medications are listed as Tramadol and multiple topical medications. Treatment plan consists of home exercise program and the current request for a 30 day rental of a cold therapy unit, ThermaCure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day rental of a cold therapy unit ThermaCure: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Cold/heat packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)).

**Decision rationale:** According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) 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. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There are no evidence to support the efficacy of hot and cold therapy in this patient. There is no controlled studies supporting the use of hot/cold therapy in nonsurgical treatment. There is no evidence that the patient is to undergo a surgical procedure. Therefore, the request for 30 day rental of a cold therapy unit ThermoCure is not medically necessary.