

<b>Case Number:</b>	CM15-0140849		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on April 28, 2003. Treatment to date has included EMG-NCV, diagnostic imaging, pain medications, lumbar laminectomy and partial facetectomy, home exercise program, aquatherapy, and NSAIDS. Currently, the injured worker complains of neck pain and back pain and of numbness in the right hand and thumb. He reports that his neck pain and headache frequency have increased and he still has left shoulder and numbness in the right leg. On physical examination, the injured worker ambulates with a slow antalgic gait. He has decreased left hand sensation over the ulnar distribution and diminished pinprick test. His left hand grip is weak. He has decreased cervical range of motion with no spinous tenderness. He rates his pain an 8 on a 10-point scale. The diagnoses associated with the request include chondromalacia patellae, pain in the right knee joint, obesity and cervicgia, sciatica and cervical radiculitis. The treatment plan includes gym membership for aquatic therapy, diet consultation, ice machine, heat-ice therapy for knees, home exercise program, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice machine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) under 'Continuous-flow cryotherapy'.

**Decision rationale:** The 62 year old patient complains of neck pain, back pain, left shoulder pain, right hip pain, right hand numbness, right leg numbness, and right knee swelling, as per progress report dated 06/09/15. The request is for ice machine. The RFA for the case is dated 06/09/15, and the patient's date of injury is 04/28/03. The patient is status post right knee replacement on 11/28/12, and status post laminectomy and facetectomy on 05/16/13, as per progress report dated 06/09/15. The pain fluctuates between 5-10/10. Diagnoses included chondromalacia patellae, pain in right knee joint, cervicgia, r/o radiculopathy, C7 radiculitis, gait derangement, sciatica, vertigo, co-morbid insomnia, and obesity. Medications included Opana, Norco, Ambien, Antivert and topical compounded creams. The patient is off work, as per the same progress report. MTUS and ACOEM guidelines are silent on Ice machines. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Continuous-flow cryotherapy', states the following: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, a request for Ice machine is noted in multiple progress reports. In RFA, dated 06/09/15, the treater states that "applicant needs a new ice machine, he got this before 2X when he had knee surgery." As per progress report dated 06/09/15, the patient was supposed have a neck surgery in June 2014, which was delayed because the patient needed more pre-operative tests and was also required to lose some weight before the procedure. However, the progress reports and the Utilization Review do not indicate any new surgery date. It appears that ice machine is part of conservative care. ODG, nonetheless, does not support the use of ice machines for nonsurgical treatment. Hence, the request is not medically necessary.