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| <b>Case Number:</b>   | CM15-0144538 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 12/07/2011 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 06/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 47-year-old female who sustained an industrial injury on 12/7/01. Injury occurred when she was transferring a patient from a mat to a wheelchair, and felt a "snapping sensation" in the left low back. The 2/19/14 pelvis CT scan demonstrated a vacuum phenomenon of the sacroiliac (SI) joints bilaterally with periarticular sclerosis of the SI joints bilaterally, suggestive of sacroiliitis. The 5/26/15 treating physician report indicated that the injured worker had failed reasonable non-operative treatments. She had diagnostic sacroiliac (SI) joint injections which reduced her pain at least 50% for approximately 6 weeks, followed by return of pain. She felt like her pelvis gives way and locks. The CT scan showed a vacuum sign at the SI joints, left greater than right, where she was more symptomatic. The pelvic inlet and outlet views showed bone spurring at the ends of the SI joints, with joint line sclerosis. She had positive Patrick's and Gaenslen's tests. Authorization was requested for left sacroiliac joint fusion, surgical clearance, inpatient stay x 1 day, assistant surgeon, lumbosacral orthotic brace, and a cooling system for purchase. The 6/24/15 utilization review certified the request for left SI joint fusion and associated requests, except for the cooling system which was modified to 7 days use consistent with the Official Disability Guidelines recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Cooling system for purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis: Cryotherapy; Knee and Leg: Continuous flow cryotherapy.

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines recommend continuous flow cryotherapy following hip and pelvic surgery as an option for up to 7 days. The 1/16/14 utilization review decision recommended partial certification of a cooling unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.