

<b>Case Number:</b>	CM15-0186511		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/09/1994
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 65 year old male who reported an industrial injury on 9-9-1994. His diagnoses, and or impressions, were noted to include: chronic bilateral hip-pelvis pain; hip degenerative arthritis; bilateral prosthetic hip joint infections. No current imaging studies were noted. His treatments were noted to include: multiple surgeries; physical therapy; medication management and rest from work. The progress notes of 4-15-2015 reported: a recheck of her bilateral hips for complaints of constant bilateral hip pain resulting in the inability to perform activities of daily living; stating she spent a lot of time in bed because of severe pain when walking; the appearance that her femur will poke out of her back when she walked; that she took 80 mg of Oxycontin 4 x a day, with 4 Norco a day for breakthrough pain, to control her pain that was rated to be 9 out of 10; that surgery was denied; and that she did physical therapy 2 years prior, that was ineffective, and used a cane around the house. The objective findings were noted to include: that she presented in a wheelchair, and used of walker at home; warm, to touch, bilateral hips; general tenderness around the bilateral trochanters and into the groins that were very painful with motion; weakness in the joints with difficulty mobilizing because of pain; severe bilateral groin pain with flex add internal rotation test; difficulty performing straight leg raise test; and a right leg length was 3 inches long and left leg 3 inches short. The physician's requests for treatment were noted to include: right total hip arthroplasty with pre-operative testing, a 3 day hospital stay, and post-operative physical therapy and medications; a cold unit therapy unit was not noted in these requests. The Request for Authorization for a cold therapy

unit was not noted in the medical records provided. The Utilization Review of 9-16-2015 non-certified the request for a cold therapy unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cold therapy unit:** 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), Knee & Leg, Continuous-flow cryotherapy, Cold/heat packs.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.