

<b>Case Number:</b>	CM15-0041064		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 10/3/2012. He reported injuries while operating a tram ride. The injured worker was diagnosed as having myofascial sprain/strain of the cervical spine, right upper extremity radiculopathy, cervical degenerative joint disease, lumbar sprain/strain, right shoulder sprain/strain, right knee contusion, right ankle sprain, right hand sprain and headaches. Treatment to date has included chiropractic care and medication management. Currently, a progress note from the treating provider dated 4/18/2013 indicates the injured worker reported neck pain and stiffness, headaches, right shoulder pain, right knee pain, right thumb pain, right ankle pain and mid and lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Request for Purchase of An E0218 Water Circulating Cold Pad with Pump E0249 Pad Water Circulating Heat Unit Replacement for Lumbar Spine with DOS of 7/27/13:**  
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).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective request purchase E0218 water circulating cold pad with pump; and E0249 had water circulating heat unit replacement for L spine date of service July 27, 2013 is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to seven days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnosis is shoulder sprain in the initial physician treatment report (dated July 5, 2013). A prescription for a TENS unit and cooling unit was in the record dated July 5, 2013 for the cervical spine and lumbar spine. There was no clinical indication and or clinical rationale in the medical record to support the use of the cooling unit. Continuous flow cryotherapy is recommended as an option post surgery but not for nonsurgical treatment. Their was no anticipation or upcoming surgery scheduled. Consequently, absent clinical documentation with a clinical indication and or rationale for the use of a cooling unit, retrospective request purchase E0218 water circulating cold pad with pump; and E0249 had water circulating heat unit replacement for L spine date of service July 27, 2013 is not medically necessary.