

<b>Case Number:</b>	CM14-0084991		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/08/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old employee with date of injury of 11/8/2008. Medical records indicate the patient is undergoing treatment for status-post apparent laminoplasty C3-C4 (2/26/13). He has cervical spondylosis, foraminal stenosis and persistent left upper extremity radicular pain. He also has lumbar spondylosis, stenosis, persistent low back and right hip sciatic pain. Subjective complaints include low back pain that radiates to his legs. He complains of neck pain which does not allow him to sleep well. Objective findings include range of motion (ROM) of the cervical spine with flexion and extension to 30 degrees and rotation to 45 degrees, both sides. His lumbar spine ROM includes flexion to 70 degrees, extension of 20 degrees and lateral bending to 30 degrees, both sides. He has decreased sensation in the lateral aspect of the right calf. He has an antalgic gait on the right. His MRI showed thinning and irregularity of the articular cartilage of the medial femoral condyle in the femoral trochlear groove. Treatment has consisted of home exercise, Norco, Tramadol, Amlodipine Besylate, Aspirin, Atenolol, Gabapentin and Hydrochlorothiazide. He uses a cane. The utilization review determination was rendered on 5/29/2014 recommending non-certification of DME water circulating cold pad with pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Water circulating cold pad with pump: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee-continuous flow-cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg; cold heat packs

**Decision rationale:** MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states that postoperative use of continuous-flow cryotherapy units generally may be used up to 7 days, including home use. There is no evidence in the guidelines for use after the initial 7 days nor do the guidelines recommend an unspecified duration. The circulating cold pack pump is part of a post op rehabilitation plan that includes physical therapy and crutches. The original reviewer modified and extended the request for 2 days of circulating cold pad with pump to 7 days on 5/29/14. The utilization reviewer's extension of therapy is appropriate and consistent with ODG guidelines. As such, the request for DME water circulating cold pad with pump is medically necessary.