

Case Number:	CM14-0213467		
Date Assigned:	12/30/2014	Date of Injury:	02/25/1968
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New York, North Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

70-year-old man injured 2/25/1968, with chronic low back pain and hip pain. He worked as a police officer and claims hip pain in the 1960s. He states that it is from cumulative trauma. He has end-stage right hip OA, and has been referred for possible THA. He has right-sided axial spinal pain, and has MRI findings of multilevel herniations with neuroforaminal narrowing in the lumbar spine. His treating physician has requested a motorized cold unit for use after a diagnostic facet joint block. He is appealing the 11/20/14 denial of the unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Motorized cold therapy unit for purchase (cypress care): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Continuous Flow Cryotherapy and Shoulder, Continuous Flow Cryotherapy

Decision rationale: Per ODG guidelines, continuous flow cryotherapy (equivalent of the motorized cold unit) is recommended as an option after knee and shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the post-operative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The unit is not recommended in the neck. Cold therapy is recommended as an option after shoulder surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. The patient is not proposing to use this unit post-surgically, and he is also not using it for the knee or shoulder. The CA-MTUS is silent on this topic, but ODG does not endorse use for low back pain or following injection. The medical necessity is not established for the unit, and the denial upheld.