

<b>Case Number:</b>	CM14-0218433		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	10/02/2010
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old male, who sustained an industrial injury on 10/02/2010. He has reported right knee pain with weakness. The diagnoses have included sprain/strain of the cruciate ligament of the knee. Treatment to date has included MR arthrogram of the right knee, MRI of the right knee, Synvisc injections to the right knee, medications, physical therapy, conservative treatments, and activity restrictions. Currently, the IW was seen for a pre-operative exam for right knee surgery which was approved by the UR. The MRI of the right knee revealed a large osteochondral fracture at the lateral tibia plateau. The injured worker had received injections to the right knee, physical therapy, and other conservative treatments without improvement. On 12/12/2014 Utilization Review non-certified a of RQ Q-Tech Cold Therapy Recovery System with wrap times a 21 day rental, noting the lack of evidence that a self-applied ice pack is not efficacious, and the recommendation for the use of this type of cooling unit for no more than 7 days post-operatively. The ODG was cited. On 12/12/2014 Utilization Review approved a request for crutches for the right knee; therefore, this issue is not eligible for IMR review. On 12/30/2014, the injured worker submitted an application for IMR for review of RQ Q-Tech Cold Therapy Recovery System with wrap times a 21 day rental, and crutches for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech Cold Therapy Recovery System with Wrap X 21 Day Rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)).

**Decision rationale:** According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold therapy in back post op pain beyond 7 days after surgery. There is no documentation that the patient needs cold therapy. Therefore, the request for Q-Tech Cold Therapy Recovery System with Wrap X 21 Day Rental is not medically necessary.