

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 8/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	2/4/2008
IMR Application Received:	7/9/2013
MAXIMUS Case Number:	CM13-0001047

- 1) MAXIMUS Federal Services, Inc. has determined the requested Cold Rush Cold Therapy System **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Cold Rush Cold Therapy System **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“This claimant sustained an injury on 02/04/08 and was evaluated by Dr. [REDACTED] on 06/24/13 for ongoing symptoms in multiple areas including her shoulders. Clinically, the claimant has spasm in the muscles around the shoulder. She has normal strength. She also has discomfort in both wrists and has full range of motion. The doctor has requested an ice machine to alleviate her symptoms. Although the claimant has symptoms in multiple areas and has been diagnosed as having tendinitis, cold therapy provides only temporarily relief based on ACOEM Guidelines regarding cold therapy. There are other forms of cryotherapy, which are less expensive that can be used such as towels or reusable devices, which are non-evasive with minimal cost without complications. The ODG guidelines only recommend cryotherapy follow surgery. This has not been documented. Therefore, for all of these reasons, the request is not supported to be medically necessary and as such, is non-certified. [REDACTED] M.D. Board Certified Orthopedic Surgery American Board of Orthopedic Surgery Fellow, American Board of Orthopedic Surgery Fellow, American College of Surgery Licensed in State of FL # [REDACTED]

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/09/2013
- Utilization Review Determination provided by [REDACTED] dated 7/02/2013
- Medical Records form 4/20/2012 through 6/24/2013
- Official Disability Guidelines, Current Version, Shoulder Section, Continuous-Flow Cryotherapy

1) Regarding the request for Cold Rush Cold Therapy System:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Current Version, Shoulder Section, Continuous-Flow Cryotherapy, a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the neck, shoulders, and wrists on 2/04/2008. The employee suffered spasm in the muscles around the shoulder and developed wrist discomfort. A diagnoses was given of tendinitis, carpal tunnel syndrome, and rheumatoid arthritis. A request was made for a Cold Rush Cold Therapy System.

ODG Guidelines only recommend cryotherapy following surgery. The submitted medical records do not document that surgery has been done. The requested Cold Rush Cold Therapy System is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.