MAXIMUS Federal Services

Case Number:	CM13-0022651		
Date Assigned:	02/07/2014	Date of Injury:	08/01/1991
Decision Date:	04/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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:

The patient is a 60-year-old female who reported injury on 08/01/1991. The mechanism of injury was not provided. The patient's diagnosis was noted to include myalgia and myositis unspecified. The patient had a laminectomy at T9 and a partial laminectomy at T10 along with the insertion of a spinal cord stimulator through the laminectomy at T7-T8 on 07/08/2013. The documentation of 07/18/2013 revealed the patient was pleased with the coverage. The submitted request was for a cold therapy system, a cold pad and a universal loop.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICEMAN COLD THERAPY SYSTEM QTY 1: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: ACOEM Guidelines indicate that at home local applications of cold in the first few days of an acute complaint are appropriate. There was a lack of documentation indicating a DWC Form RFA and exceptional factors to warrant non-adherence to guideline

recommendations. Additionally, the request as submitted failed to indicate if the Iceman Cold Therapy System was for rental or purchase. Given the above, the request for an Iceman Cold Therapy System quantity 1 is not medically necessary.

COLD PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

UNIV LOOP, RH, X1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.