

Case Number:	CM13-0024658		
Date Assigned:	11/20/2013	Date of Injury:	08/28/1997
Decision Date:	01/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, generalized arthritis, and hand arthritis reportedly associated with cumulative trauma at work first claimed on August 28, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; and unspecified amounts of physical therapy. In a utilization review report of August 14, 2013, the claims administrator denied a request for a pneumatic compression and cold therapy device, 28-day rental. The applicant's attorney later appealed, on September 12, 2013. An earlier progress note of August 1, 2013 is notable for comments that the applicant returned from Philippines with acute onset of low back pain. It is stated that a TENS unit and lumbar support are helping the applicant's pain. The applicant's orthopedic bed request was apparently denied through the utilization review process. The applicant has a BMI of 28. Limited range of motion about the spine is noted, coupled with an antalgic gait. The applicant is given a prescription for Voltaren gel and asked to continue lumbar support and TENS unit. Aquatic therapy is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vasopneumatic compression and cold therapy system (Game Ready) unit and wrap for back, twenty-eight (28) day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Allied Health Professionals, Allied Health Therapies

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, simple, low-tech at home applications of heat and cold are as affective as those performed by therapist or, by implication, those delivered by high-tech means. The unfavorable MTUS recommendation in ACOEM chapter 12 is echoed by the third edition ACOEM Guidelines, which also do not endorse delivery of cold therapy through high tech devices. In this case, the attending provider has not furnished any compelling rationale for usage of the high-tech compression device so as to try and offset the unfavorable MTUS and ACOEM recommendations. Therefore, the request remains non-certified, on independent medical review.