

Case Number:	CM13-0030752		
Date Assigned:	11/27/2013	Date of Injury:	04/29/2011
Decision Date:	04/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, 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. 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 67 year old female with an industrial injury on 4/29/11. The patient is post anterior corpectomy and fusion C4-C7 with PEEK cages on 9/27/12. Exam notes from 12/21/12 demonstrate the patient's neck is gradually improving. Exam notes from 6/19/13 demonstrate patient has ongoing issues with balance, and radiation to the right arm and shoulder. On exam there was a positive Hoffman sign on the right along with an abnormal tandem gait. X-ray reveals an incomplete fusion at C4-C7 with fracture of hardware at C7 and a diagnosis of pseudoarthrosis at C6-7. Exam notes from 8/16/13 demonstrate that an MRI revealed persistent cord compression from the leading edge of C4 down to C7 with cord signal changes consistent with gliosis and myelomalacia. A posterior decompression and fusion was recommended. Request is for TEC system iceless cold therapy unit with DVT and cervical wrap for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEC SYSTEM ICELESS COLD THERAPY UNIT WITH DVT AND CERVICAL WRAP x FOURTEEN (14) DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Neck.

Decision rationale: The MTUS/ACOEM is silent on the issue. According to the ODG, Neck section, continuous-flow cryotherapy is not recommended in the neck. Therefore the determination is for non-certification.