

Case Number:	CM13-0030884		
Date Assigned:	11/27/2013	Date of Injury:	09/18/2011
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/02/2013

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 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:

This is a 45-year-old gentleman who reportedly suffered a vocational injury to his back on 09/18/11. The request is to determine the medical necessity of a motorized hot and cold therapy unit rental for 30 days in this gentleman who has reportedly been scheduled for two levels lumbar decompression related to spinal stenosis at L4-5 and L5-S1 in association with lumbar radiculopathy. The dispute is centered on the request for a hot and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

motorized hot/cold unit - thirty (30) day rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: The California MTUS guidelines are silent with regard to the hot and cold therapy units. The Official Disability Guidelines, as a secondary guidelines, refers to cold packs and do not specifically provide guidelines for a cryotherapy unit in the postoperative setting. The request for a 30 day rental for this particular device would not be supported by the evidence

based literature, and as such, I would recommend upholding the denial for that particular service in this setting.