

Case Number:	CM13-0031684		
Date Assigned:	12/04/2013	Date of Injury:	01/03/2013
Decision Date:	01/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 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:

This is a 45-year-old female who was injured in a work related accident 01/03/13. The mechanism of injury is unclear. Records in this case indicate that on 07/08/13 a sacroiliac joint injection on the left was performed under fluoroscopic guidance. On 07/08/13 there was a request for a 21 day rental of a pneumatic compression device with heat and cold circulating treatment for 21 days of use, six to eight hours a day following his injection procedure. Further records in this case are unsupported through the request of 07/08/13 in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic contrast therapy system wrap-pneumatic compression heat/cold unit x 21 day rental received 7/8/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 11th Edition (Web 2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee procedure

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines the role of a combination therapy device to include heat and cold therapy have no high published studies demonstrating their efficacy in the postsurgical setting. While guideline criteria can recommend the role of isolated use of cryotherapy following surgical procedures

most notably to the shoulder and knee, there would be nothing indicating any degree of treatment in this regard to a fine needle procedure that was performed under fluoroscopic guidance on 07/08/13 in question. Records do not indicate the role of combination therapy devices; the specific request in this case would not be indicated.