MAXIMUS Federal Services

Case Number:	CM13-0031735		
Date Assigned:	12/04/2013	Date of Injury:	02/20/2013
Decision Date:	06/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

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 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 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 injured worker is a 36-year-old male who reported an injury on 02/20/2013. The mechanism of injury was a result of poor body mechanics and twisting. Within the clinical note dated 12/10/2013, the injured worker reported low back pain and numbness bilaterally to the lower extremities. The treatment plan included continuing medication, that was not provided, and requesting a consult with a pain specialist. Within the clinical note dated 11/12/2013, the injured worker reported pain in the lumbar spine that rated 8/10. Physical exam revealed tenderness to palpation of the lumbar spine with spasms and limited range of motion. Diagnoses included musculoligamentous sprain of the thoracic spine, degenerative arthritic change, and disc space narrowing at L5-S1. The Request for Authorization was not provided within the submitted medical records and the physician's rationale for the rental of a Q-Tech cold therapy unit was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF A Q-TECH COLD THERAPY UNIT: Upheld

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

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

Decision rationale: The request for rental of a Q-Tech cold therapy unit is not medically necessary. Official Disability Guidelines recommend continuous flow cryotherapy units as an option after surgery, but not for nonsurgical treatment. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Within the submitted medical records there was no documentation of a surgical procedure forthcoming for the injured worker. Additionally, the injured worker did not have edema noted during the physical exam. Without knowing the physician's intent or rationale for the utilization of the request or an upcoming surgery that woud need pre-autorization, it cannot be supported by the guidelines. As such, the request is not medically necessary.