

Case Number:	CM13-0050992		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2010
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family 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. 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 56-year-old female who reported a work related injury on 03/01/2010. The specific mechanism of injury not stated. The patient presents with cervical spine, bilateral shoulders, bilateral wrists, and lumbar spine pain complaints. The most recent clinical note submitted for review dated 11/11/2013 does not evidence a specific rationale for the requested intervention at this point in the patient's treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: dynamic therapy system: 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), Shoulder and Knee Chapter, Continuous- flow Cryotherapy Section

Decision rationale: The current request is not supported. The Official Disability Guidelines support utilization of continuous flow cryotherapy for up to 7 days postoperatively for some conditions. However, as the clinical notes failed to evidence a specific rationale for the requested durable medical equipment at this point in the patient's treatment as well as duration of

the current request, the request for DME: Dynamic Therapy System is not medically necessary or appropriate.