

Case Number:	CM13-0056766		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2013
Decision Date:	08/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and extracorporeal shockwave therapy; transfer of care to and from various providers in various specialties; x-rays of the right shoulder of December 30, 2013, read as negative; a TENS unit; and extensive periods of time off of work. In Utilization Review Report dated November 14, 2013, the claims administrator denied a request for a Thermo Cool Unit. On November 15, 2013, the applicant transferred care to a new primary treating provider. The applicant apparently alleged development of multifocal pain complaints, including neck, shoulder, and wrist pain, 7/10, reportedly attributed to a cumulative trauma from repetitive typing at work. A TENS unit, hot and cold unit, physical therapy, shockwave therapy, and various topical compounds and oral suspensions were issued while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMO COOL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 3, Table 3-1 does acknowledge that self application of heat and cold is optional as a means of symptom control, in this case, however, the attending provider seemingly sought authorization for an elaborate, continuous cooling and/or continuous heating device to deliver cryotherapy and/or heat therapy. There is no support in ACOEM for such a device, which endorses the applicant's self application of heat and cold as methods of symptom control. No rationale for the selection of the unit in question in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, a Thermo Cool Unit is not medically necessary.