

Case Number:	CM13-0064457		
Date Assigned:	01/03/2014	Date of Injury:	01/22/2010
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

This is a 46-year-old patient who sustained a work related injury on January 22 2010. Subsequently, the patient developed chronic neck pain. According to a note dated on October 21 2013, the patient neck pain severity was 6/10. Physical examination demonstrated limited cervical range of motion, positive Spurling's sign and positive Hoffman sign, upper extremities weakness and decreased sensation to light touch in the C5-6, and C6-7 dermatoma. The patient was treated with Cymbalta, Flexeril, Percocet, Topamax, Norco, Flector, and Ambien. The provider requested authorization for Post-OP Durable Medical Equipment (DME).

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP DME: VASCU-THERM COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Initial Care and Section Shoulder Complaints Page(s): 174; 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous-flow cryotherapy, (<http://worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#ProcedureSummary>)

Decision rationale: According to MTUS guideline, at home local application of cold packs during the first few days of acute complaints is recommended. Furthermore, the patient's at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by the therapist. According to Official Disability Guidelines (ODG), cryotherapy is not recommended for neck diseases. Therefore, Durable Medical Equipment (DME) cold therapy is not medically necessary.