

Case Number:	CM13-0071195		
Date Assigned:	01/08/2014	Date of Injury:	10/10/2013
Decision Date:	08/04/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 Emergency 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 injured worker is a 52 year-old female, who sustained an injury on October 10, 2013. The mechanism of injury occurred when the wheel of her chair broke and she fell on her right side. The diagnostics were not noted. The treatments have included medications, acupuncture, chiropractic. The current diagnoses are: cervical strain, right hand sprain, anxiety disorder. The stated purpose of the request for purchase of cold/hot therapy unit (cervical spine and right hand), was not noted. the request for purchase of cold/hot therapy unit (cervical spine and right hand), was denied on December 18, 2013, citing a lack of proven benefit. Per the most recent report dated November 13, 2013, the treating physician noted that the injured worker complains of right neck and wrist pain. The exam findings included full cervical range of motion with right trapezius tenderness and full right hand range of motion without tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Cold/Hot Therapy Unit (Cervical Spine and Right Hand): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested purchase of cold/hot therapy unit (cervical spine and right hand), is not medically necessary. Per the CA MTUS, ACOEM guidelines, recommend hot and cold packs only for the first few days of initial complaints. The injured worker had complaints of neck and right wrist pain. The treating physician has documented right trapezius tenderness. However, the treating physician has not documented the medical necessity for this durable medical equipment beyond the initial first few days of treatment. The criteria noted above not having been met, purchase of cold/hot therapy unit (cervical spine and right hand) is not medically necessary.