MAXIMUS Federal Services

Case Number:	CM14-0000172		
Date Assigned:	01/10/2014	Date of Injury:	11/09/2012
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 52-year-old female who reported injury on 11/09/2012. The mechanism of injury was the patient was mopping and slipped on a wet floor and fell backwards. The patient tried to break her fall with her right hand and landed on her buttocks. The patient was treated with physical therapy and medications. The patient's diagnosis included right shoulder rotator cuff tear. The patient had a positive Jobe's and drop arm test. The patient indicated that cream improved the pain. The request was made for a hot and cold pack and an interferential unit, as well as physical therapy, acupuncture, and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat/Cold Unit 6 week rental (Contrast Aqua Therapy, Contrast Aqua Therapy Water Circulating Pad, Contrast Aqua Therapy Back Wrap): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: ACOEM Guidelines indicate that at-home applications of cold in the first few days of an acute complaint are appropriate, and thereafter there should be applications of hot or cold, per patient's preference. The clinical documentation submitted for review failed to provide the necessity for a hot/cold unit 6 weeks rental. There was a lack of documentation indicating the patient could not utilize cold packs or heat packs. The documentation that was reviewed, for the date of 11/05/2013, requested hot and cold packs, not a hot/cold unit. Given the above, the request for Heat/Cold Unit 6 week rental (Contrast Aqua Therapy, Contrast Aqua Therapy Water Circulating Pad, Contrast Aqua Therapy Back Wrap) is not medically necessary.