

Case Number:	CM14-0003919		
Date Assigned:	07/02/2014	Date of Injury:	11/02/2010
Decision Date:	09/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 . 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:

Per the records provided, the claimant is a registered nurse with symptoms occurring in 2010 to November 2011. There were complaints regarding pain in the chest, hips, shoulders, tailbone, and lower extremities. This was reportedly from prolonged work at a desk and typing. She also had a thyroid cancer removal in 2010. This claimant had cervical spine and low back pain. The request was for a dynamic contrast therapy system rental with wraps, and the purchase of leg wraps. She had a caudal epidural steroid injection on 10-1-13, and, per the records, the durable medical equipment was for use following this caudal epidural steroid injection for 14 days of use. Per the AME provided in the records, the claimant will need medicine management, epidurals, and shoulder surgery. She may also need an MRI of the shoulder and EMG NCV of the upper and lower extremities. I did not however see a need for dynamic therapeutic modalities, such as was requested here. Finally, an orthopedist diagnosed multilevel cervical disc desiccation and bulging with facet syndrome, thoracic strain, L4-5 and L5-S1 grade 1 spondylolisthesis, coccydynia, right shoulder impingement, left shoulder impingement, ulcer with secondary weight loss, headache and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNAMIC CONTRAST THERAPY SYSTEM RENTAL WITH WRAPS AND PURCHASE OF LEG WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(THE OFFICIAL DISABILITY GUIDELINES)CRYOTHERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 48.

Decision rationale: This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Therefore, elaborate equipment is not needed to administer heat and cold modalities; it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified.