

Case Number:	CM14-0005821		
Date Assigned:	02/05/2014	Date of Injury:	06/12/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, 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 injured worker is a 43-year-old female who sustained an injury to her cervical spine on 06/12/12 after pulling on a sheet. The records indicate that an agreed medical evaluation dated 04/16/13 recommended to postoperative care related to the left shoulder or any other areas which may involve conservative treatment. A clinical note dated 11/27/13, reported that the injured worker continued to complain of moderate pain in the left shoulder, moderate to severe pain in the neck and radicular symptoms into the bilateral upper extremities. Physical examination noted positive Spurling's sign; restricted and painful range of motion of the cervical spine; tenderness to palpation of the paraspinal muscle and paraspinal spasms noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMA COOLER SYSTEM X6WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HEAT AND COLD APPLICATIONS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The records indicate that the injured worker is status post cervical epidural steroid injection at C4-5, C-5-6 and C6-7. The ODG guidelines states that treatment with this modality is not recommended in the neck. This modality may be recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Given the clinical documentation submitted for review, medical necessity of the request for therma cooler system times six weeks has not been established. The request for therma cooler system times six weeks is not medically necessary.

THERMACOOLER PAD WRAP WITH SET UP DELIVERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HEAT AND COLD APPLICATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The records indicate that the injured worker is status post cervical epidural steroid injection at C4-5, C-5-6 and C6-7. The ODG guidelines states that treatment with this modality is not recommended in the neck. This modality may be recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Given the clinical documentation submitted for review, medical necessity of the request for therma cooler system times six weeks has not been established. The request for thermic cooler pad wrap with set up and delivery is not medically necessary.

POST-OPERATIVE CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK AND UPPER BACK COMPLAINTS, 181-183

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, COLLARS (CERVICAL).

Decision rationale: The records indicate that the injured worker is status post cervical epidural steroid injection at C4-5, C-5-6 and C6-7. The ODG guidelines states that cervical collars are not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. Given the clinical documentation submitted for review, medical necessity of the request for post operative cervical collar has not been established. The request for post operative cervical collar is not medically necessary.