

Case Number:	CM14-0016940		
Date Assigned:	04/11/2014	Date of Injury:	09/24/2013
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 09/24/13. Based on the 12/12/13 progress report provided by [REDACTED] and the patient's diagnosis include left shoulder pain, thoracic spine sprain/strain, and chest pain muscular pain. No MRI's were provided. [REDACTED] is requesting for a cold therapy unit. The utilization review determination being challenged is dated 01/16/14 and recommends denial of the cold therapy unit. [REDACTED] is the requesting provider and provided four treatment reports from 09/24/13- 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines Has The Following Regarding Continuous-Flow Cryotherapy Under Shoulder.

Decision rationale: The Expert Reviewer's decision rationale: According to the 12/12/13 progress report by [REDACTED], the patient presents with left shoulder pain, thoracic spine sprain/strain, and chest pain muscular pain. The request is for purchase of the cold therapy unit. MTUS Guidelines do not discuss cold therapy unit. However, ODG Guidelines recommend using the cold therapy unit as an option after surgery, but not for nonsurgical treatment. The current request is for the cold therapy unit to be used for chronic pain and not for post-op use. Recommendation is for denial. The request for cold therapy unit is not medically necessary.