

Case Number:	CM14-0136950		
Date Assigned:	09/03/2014	Date of Injury:	01/02/2013
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 52-year-old male with a date of injury of 01/02/2013. The listed diagnoses per [REDACTED] are: 1. Blunt head trauma. 2. Post-concussion syndrome. 3. Contusion of the right cheek bone. 4. Cervical spine strain/sprain. 5. Bilateral shoulder sprain/strain, rule out impingement syndrome. 6. Bilateral elbow lateral epicondylitis. 7. Bilateral wrist CTS. 8. Bilateral knee pain. According to doctor's first report from 10/24/2013, the patient presents with pain in the cheek bones and the right side of the face. She also reports burning radicular neck pain rated as 7/10. She also complains of continued bilateral shoulder, bilateral elbow, bilateral wrist, and bilateral knee pain. Examination revealed decreased range of motion in the cervical spine and tenderness at the trapezius, supraspinatus, levator scapula, and subacromial space. Neer's and Hawkins' are noted as positive. Treatment recommendation included x-ray, TENS unit, hot and cold therapy unit, EMG/NCV, physical therapy, chiropractic care, and shockwave therapy. This is a retrospective request for hot and cold water circulating therapy unit x4-month rental. Utilization review denied the request on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot & cold water circulating therapy unit x 4 month rental (retro-dispensed 12/17/13):
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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

Decision rationale: This patient presents with pain in the cheek bones in the right side of the face and burning pain in the neck, bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral knees. This is a retrospective request for a hot and cold water circulating therapy unit x4-month rental. The medical file provided for review does not discuss the rationale for this request. The MTUS and ACOEM guidelines do not discuss cold/hot therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." This patient is not status post surgery and ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. Recommendation is for denial.