

Case Number:	CM14-0171371		
Date Assigned:	10/23/2014	Date of Injury:	01/20/1993
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 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:

This 65 year old male claimant with an industrial injury dated 01/20/93. The patient is status post a L4-5 laminectomy and fusion. Exam note 08/15/14 states the patient returns with back, neck, and left shoulder pain. The patient explains experiencing constant neck pain that is increased with twisting and turning. The patient uses a neck brace, avoids lifting, and restricts his range of motion to prevent pain. Upon physical exam the patient demonstrated decreased sensation over the left L5 dermatome distribution. It is noted that reflexes are absent bilaterally in the knees and ankles. The patient demonstrates decreased strength in the lower extremities except in ankle plantar flexion in which is noted as a 5/5. Exam note 09/26/14 states the patient continues to have neck pain. There is evidence of tenderness over the bilateral cervical paraspinal musculature, over the bilateral trapezius, bilateral interscapular space and the base of the skull and neck. Reflexes are noted as a 1+ bilateral upper extremities. The patient continued to demonstrate a decreased range of motion and decreased sensation. Treatment includes a C3-4 partial corpectomy with cage and instrumentation for cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic intermittent compression device: 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 Neck Chapter; regarding Compression garments

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Neck and Upper back regarding continuous flow cryotherapy, it is not recommended in the neck. Local application of cold packs is recommended by the ODG Neck and Upper Back section. Therefore determination is for denial for the requested pneumatic intermittent compression device.