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| Case Number: | CM14-0174279 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 03/06/2014 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 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 48 year old female with date of injury 3/6/14 that suffered cumulative trauma injuries while working as a machine operator. The treating physician report dated 5/8/14 indicates that the patient presents with pain affecting the neck, bilateral shoulders, bilateral elbows, bilateral wrists, thoracic spine, lumbar spine, bilateral knees and bilateral ankles/feet. The physical examination findings reveal decreased cervical, lumbar and bilateral shoulder ranges of motion, moderate tenderness throughout the spine and shoulders, positive right shoulder, cervical and lumbar orthopedic testing. The current diagnoses are: 1. Cervicalgia with s/s and radiculopathy 2. Bilateral shoulder s/s, tenosynovitis and impingement 3. Bilateral elbow, wrist, foot and knee s/s 4. Thoracic and lumbar s/s with lumbar radiculopathy. The utilization review report dated 9/22/14 denied the request for a cold therapy unit based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back

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

Decision rationale: The patient presents with cumulative trauma to multiple body parts with pain levels ranging from a 4-9/10. The current request is for a Cold therapy unit. The treating physician initial report dated 5/8/14 states, "A TENS unit with supplies for home use and a Hot/cold unit are requested for the patient." The treating physician also made request of 41 additional tests and treatments for this patient. There is no documentation of any surgery performed in the 277 pages of medical records provided. The MTUS guidelines do not address Cold Therapy Units. The ODG guidelines state for continuous-flow Cryotherapy that it is recommended as an option after surgery, but not for non-surgical treatment. In this case the patient has not had surgery and ODG does not support the usage of a Cold Therapy Unit for non-surgical treatment therefore request is not medically necessary.