

Case Number:	CM14-0030444		
Date Assigned:	06/20/2014	Date of Injury:	05/20/2009
Decision Date:	08/04/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 72 year old male whose date of injury is 05/20/2009. The mechanism of injury is described as retrieving a company watch sample case from behind a passenger seat. The injured worker has been authorized to undergo L4-5 right sided lumbar decompression with preoperative medical clearance, assistant surgeon and intraoperative monitoring, back brace, cold therapy unit x 7 days and 1 day inpatient stay, as well as 12 postoperative physical therapy visits.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, 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) Low Back Chapter, Cold/heat packs.

Decision rationale: Based on the clinical information provided, the request for cold therapy unit is not recommended as medically necessary. The injured worker has been authorized to undergo L4-5 right sided lumbar decompression with preoperative medical clearance, assistant surgeon

and intraoperative monitoring, back brace, cold therapy unit x 7 days and 1 day inpatient stay, as well as 12 postoperative physical therapy visits. The Official Disability Guidelines (ODG) Low Back Chapter supports the at-home application of cold packs in first few days of acute complaint. Therefore, recommendation of additional days beyond the 7 previously certified, are not in accordance with ODG recommendations. As such, the request for Cold Therapy Unit is not medically necessary and appropriate.

Hospital stay for 1-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital length of stay (LOS).

Decision rationale: Based on the clinical information provided, the request for 1-3 in hospital stay is not recommended as medically necessary. The injured worker has been authorized to undergo L4-5 right sided lumbar decompression with preoperative medical clearance, assistant surgeon and intraoperative monitoring, back brace, cold therapy unit x 7 days and 1 day inpatient stay, as well as 12 postoperative physical therapy visits. One day inpatient stay that has already been authorized is supported by the Official Disability Guidelines, and there is no clear rationale provided to exceed this recommendation. There are no exceptional factors of delayed recovery documented. Therefore, the request for hospital stay for 1-3 days is not medically necessary and appropriate.