MAXIMUS Federal Services

Case Number:	CM14-0031403		
Date Assigned:	04/09/2014	Date of Injury:	06/26/2012
Decision Date:	05/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 42-year-old female who reported injury on 06/26/2012. The mechanism of injury was a cumulative trauma. The documentation of 12/27/2013 revealed a request for an anterior cervical discectomy and fusion at C5-6 with allograft and cage plate, a medical clearance, surgical assistance, cervical collar, hot and cold therapy unit, and a muscle stimulator for muscle re-education. The clinical documentation indicated the surgical procedure was approved. The injured worker's diagnoses included displacement of a cervical intervertebral disc without myelopathy and neck sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP DME: HOT/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), Neck & Upper Back Procedure Summary- 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), Neck & Upper Back Chapter, Continuous-flow cryotherapy, Cold packs.

Decision rationale: The Official Disability Guidelines (ODG) indicates that continuous-flow cryotherapy is not recommended in the neck. It is recommended as an option after shoulder surgery. The guidelines further indicate that the use of cold packs has insufficient testing to determine the effectiveness of hot and cold applications in treating mechanical neck disorders. Local applications of cold packs may be applied during the first few days of symptoms followed by applications of heat packs to suit the patients. The clinical documentation submitted for review failed to indicate exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the duration of care. Given the above, the request for post-op durable medical equipment (DME), hot/cold therapy unit, is not medically necessary.

POST-OP DME: MUSCLE STIMULATOR: 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), Muscle Stimulator, (Neuromuscular Electrical Stimulation (NMES) Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Neuromuscular Electrical Stimulation (NMES) Page(s): 121.

Decision rationale: The California MTUS Guidelines state that neuromuscular electrical stimulation devices are not recommended. They are primarily used as part of a rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. The clinical documentation submitted for review indicated the injured worker would be utilizing the unit postoperatively. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the duration for the use of the postoperative durable medical equipment. The submitted request additionally failed to indicate whether the unit was for purchase or rental. Given the above, the request for post-op durable medical equipment (DME), muscle stimulator is not medically necessary.