

<b>Case Number:</b>	CM14-0031836		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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:

The injured worker is a 64-year-old male who was reportedly injured on September 20, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 17, 2014, indicated that there were ongoing complaints of neck pain, back pain, although pain and pain in the inguinal region. The physical examination demonstrated a decrease in range of motion, tenderness over the bilateral trapezius musculature and bilateral elbows swelling. Diagnostic imaging studies were not presented for review. Previous treatment included medications, chiropractic care and bilateral hernia repair. A request was made for hot/cold pack, interferential unit and supplies and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot and cold pack with wrap:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162 & 300.

**Decision rationale:** The use of heat/cold packs was indicated in the initial aspect of the complaint. As outlined in the ACOEM, such interventions have little utility or efficacy this far out from the date of injury. Therefore, when noting that there was no specific mechanism of injury, generalized complaint and no specific findings reported in physical examination, there was insufficient clinical data presented to support this request. Therefore, the request for hot and cold pack with wraps is not medically necessary and appropriate.

**Cervical rehab kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: This request is overly vague, and there is no literature citation present to address such a nondescript request.

**Decision rationale:** The request for such a device was vague, and no specific clinical data can be obtained to support the request. There was no clinical indication for any type of specialized home cervical spine rehabilitation equipment, and given that there were no specifics relative to equipment, there was insufficient medical information to support this request. Therefore, the request for cervical rehab kit is not medically necessary and appropriate.

**Interferential Unit (IF):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** The request for the underlying device is not medically necessary. Therefore the request for Electrodes ( 4 per pack) are not medically necessary and appropriate.

**Electrodes (4 per pack):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** The request for the underlying device is not medically necessary. Therefore the request for Electrodes ( 4 per pack) are not medically necessary and appropriate.

**Batteries:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** The request for the underlying device is not medically necessary, therefore the request for batteries are not medically necessary and appropriate.

**Set up and delivery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** The request for the underlying device is not medically necessary, therefore the request for batteries is not medically necessary and appropriate.