

<b>Case Number:</b>	CM14-0032437		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 40 year old female who suffered a neck injury when employed as a server at a restaurant. She was in a bending position when a metal door on an ice machine struck her on her neck and head. Since the injury on August 6, 2010, the injured worker has undergone anterior cervical discectomy with placement of artificial disc at C5-C6. She continues with neck pain and the treating spine surgeon suspects possible osteolysis and loosening of the implant. The treating surgeon has recommended hardware removal, cervical discectomy and fusion with instrumentation. The request is for a post operative TEC iceless cold therapy unit with DVT and cervical wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEC SYSTEM (ICELESS COLD THERAPY UNIT WITH DVT AND CERVICAL WRAP) 14 DAY RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 181-183

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, summary of medical evidence - continuous flow cryotherapy

**Decision rationale:** Based on MTUS/ACOEM guidelines summary of recommendations for evaluating and managing neck and upper back complaints, at home application of heat or cold is optional. ODG guidelines do not recommend continuous-flow cryotherapy for the neck. MTUS/AOCCEM guidelines do not address mechanical deep venous thrombosis prophylaxis for neck and upper back. The request for postoperative TEC system (iceless cold therapy unit with DVT and cervical wrap) is not medically necessary.