MAXIMUS Federal Services

Case Number:	CM14-0036659		
Date Assigned:	06/23/2014	Date of Injury:	08/16/2013
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old male who was injured on 8/16/13 involving his back and left shoulder after a fall. Before the injury he had frequent lower back injures or exacerbations of low back pain. After examination and imaging studies, he was diagnosed with lumbar contusion, lumbar sprain, left shoulder contusion and sprain, left shoulder impingement, moderate tendinosis of supraspinatus tendon, supraspinatus interstitial tearing, and lumbar disc spondylosis (mild). He was treated with oral medications, physical therapy, and topical analgesics. He was seen on 12/5/13 by his primary treating physician complaining of back pain rated at a 6/10 on the pain scale and shoulder pain rated at a 7/10 on the pain scale, which were unchanged, according to the note. He was recommended physical therapy, exercises, urine drug screen, referral to orthopedic physician and internal medicine, a functional capacity evaluation, EMG/NCV testing, and a continuous water circulating cold/heat pad with pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one water circulating cold/heat pad with pump.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pp. 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back section, Cold/Heat packs AND Shoulder section, Cold packs and Continuous-flow cryotherapy.

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for lower back pain or shoulder pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute lower back pain or shoulder pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after shoulder surgery up to 7 days, but not for nonsurgical treatment. Given the above it is therefore not medically necessary.