

Case Number:	CM14-0040162		
Date Assigned:	06/27/2014	Date of Injury:	10/10/2013
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 year old with an injury date on 10/10/13. Based on the 1/2/14 progress report provided by [REDACTED] the diagnoses are cervical spine strain/sprain with mild cervical disc bulge with mild degenerative changes; right shoulder strain/sprain with supraspinatus tendon tear; left shoulder strain/sprain, anterior labral tear and subchondral cyst on humeral head; mid back strain/sprain; s/p work related injury 7/20/13; and left foot and 3rd toe strain/sprain. Most recent physical exam of C-spine on 11/26/13 showed "forward head posture and rounded/protracted shoulders. Spasms to palpation of cervical paraspinals bilaterally, suboccipital region bilaterally, upper trapezius levator. Limited range of motion. Positive Spurling's test on right. Shoulder: tenderness to palpation of bilateral anterior shoulder. Positive Cross adduction right. Normal motor strength, reflexes, sensation, and no evidence of instability/laxity/dislocation/subluxation." [REDACTED] is requesting ThermoCooler system for six weeks (hot cold and compression system); ThermoCooler pad/wrap, for the shoulder CPM for 6 weeks; CPM pad kit; and set-up and delivery. The utilization review determination being challenged is dated 3/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermo Cooler System for 6 weeks (hot, cold and compression system); Thermo Cooler pad/wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Low Back.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Cryotherapy.

Decision rationale: Regarding hot/cold therapy for low back pain, the Official Disability Guidelines (ODG) recommends At-home local applications of cold packs in "first few days of acute complaint"; thereafter, applications of heat packs or cold packs. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the patient presents with back pain for which hot/cold therapy is indicated. ODG recommends short term use for acute low back pain, in this case, the request is for a 6 week rental. In addition, ODG does not recommend usage of complicated cryotherapy units which have not proven more efficacious than standard cold packs. Therefore, the request for Therma Cooler System for 6 weeks (hot, cold and compression system); Therma Cooler pad/wrap is not medically necessary and appropriate.

Shoulder CPM for 6 weeks; CPM pad kit; set-up and delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines (ODG) recommends CPM's as an option for adhesive capsulitis, up to 4 weeks for 5 days per week but not for rotator cuff surgery. In this case, the patient presents with chronic neck and shoulder pain which is not indicated for CPM per ODG guidelines. Therefore, the request for shoulder CPM for 6 weeks; CPM pad kit; set-up and delivery is not medically necessary and appropriate.