

Case Number:	CM14-0041088		
Date Assigned:	06/30/2014	Date of Injury:	05/16/2008
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old female who was reportedly injured on May 16, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 14, 2014, indicated that there were ongoing complaints of throbbing neck pain, throbbing thoracic pain, stabbing lumbar spine pain and complaints of pain in the bilateral shoulders, bilateral elbows, bilateral wrists as well as a sleep dysfunction. The physical examination demonstrated a 5'1, 146-pound individual who is normotensive. The entirety of the physical examination did not identify any specific pathology, as there was no bruising, swelling, atrophy or lesion present in any of the regions of the spine, bilateral shoulders, bilateral elbows or bilateral wrists. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, interventions, injections and pain care. A request was made for a cold therapy unit and other durable medical equipment and was not certified in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Pain Disorders, (electronically cited).

Decision rationale: The use of a cold therapy device is indicated in the acute phase after the injury. When noting the date of injury, the multiple interventions and the current physical examination reported, there is no clinical evidence or medical necessity established for the use of such a device.

Moist heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: When noting the date of injury, the most current physical examination, and the parameters outlined in the American College of Occupational and Environmental Medicine guidelines, such interventions are indicated in the first few days after the complaint. Seeing none and noting the physical examination, there simply was no clinical data presented to establish the medical necessity for this device.

Cervical pillow: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cervical And Thoracic Spine Disorders-Clinical Measures (electronically cited).

Decision rationale: As outlined in the California medical Treatment Utilization Schedule, there was no qualitative evidence that these devices have any role in the prevention or treatment of acute, subacute or chronic cervical pain. As such, there is no medical necessity for such a device.