

Case Number:	CM14-0049972		
Date Assigned:	07/07/2014	Date of Injury:	01/26/2011
Decision Date:	09/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 Pain Medicine 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:

This is a patient with a date of injury of 1/26/11. A utilization review determination dated 4/11/14 recommends non-certification of a cold therapy rental, universal therapy wrap, half arm wrap, and LSO back brace. 3/5/14 medical report identifies that the patient is s/p lumbar hardware removal on 9/24/13 and continues to complain of left-sided pain and shooting sensation into the left leg. He is motivated to regain functioning and is attempting to exercise on his own. He is ambulating with an antalgic gait and one-point cane. Spasm, tenderness, and guarding are noted in the paravertebral musculature of the lumbar spine with decreased range of motion. The patient's medications were refilled and a trial of Gabapentin was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold therapy rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Harris, J., Occupational Medicine Practice Guidelines, 2nd edition (2004) pages 367-377. Official Disability Guidelines, Durable medical Equipment (DME), Shoulder chapter: Venous Thrombosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a cold therapy rental, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, it is noted that the patient underwent lumbar hardware removal on 9/24/13, but there is no indication of a recent/pending surgery. Additionally, there is no documentation of a rationale for the use of a formal cold therapy unit rather than the application of simple cold packs at home. In the absence of such documentation, the currently requested cold therapy rental is not medically necessary.

Universal therapy wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Harris, J., Occupational Medicine Practice Guidelines, 2nd edition (2004) pages 367-377. Official Disability Guidelines, Durable medical Equipment (DME), Shoulder chapter: Venous Thrombosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a universal therapy wrap, as the cold therapy unit is not medically necessary, the universal therapy wrap is also not medically necessary.

A half arm wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Harris, J., Occupational Medicine Practice Guidelines, 2nd edition (2004) pages 367-377. Official Disability Guidelines, Durable medical Equipment (DME), Shoulder chapter: Venous Thrombosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a half arm wrap, as the cold therapy unit is not medically necessary, the half arm wrap is also not medically necessary.

Apollo LSO back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris, J., Occupational Medicine Practice Guidelines, 2nd edition (2004) pages 367-377. Official Disability Guidelines, Durable Medical Equipment (DME).

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

Decision rationale: Regarding the request for Apollo LSO back brace, CA MTUS and ACOEM state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no indication of a recent/pending surgery, compression fracture, spinal instability, or another clear rationale for the use of external bracing. In the absence of such documentation, the currently requested Apollo LSO back brace is not medically necessary.