MAXIMUS Federal Services

Case Number:	CM14-0062122		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2012
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51-year -old with a work injury dated 3/14/12.The diagnoses include cervical and lumbar discopathy with possible radiculitis and cervicalgia, and possible bilateral carpal tunnel. The patient has also had a rotator cuff repair on September 6, 2013, with persistence of stiffness and weakness. He also has left shoulder sprain/strain related to overcompensating right shoulder. Under consideration is a request (original request dated 2/25/13) for Q tech cold therapy rental x 14 days, full leg wrap purchase and universal therapy wrap.There is an office visit document dated March 4, 2014. The patient complains of neck pain, shoulder pain, and low back pain. The patient is status post lumbar epidural injection on 2/18/14 that did not provide significant relief. The patient had another failed injection later, a cervical facet injection. A shoulder injection did provide relief. There was a request to continue current medications. There is a request for psychiatric consultation for the management of stress syndrome as well as a request for internal medicine consultation due to weight gain.There is a 3/6/14 pain management reevaluation report that states that he requests the primary treating physician to request evaluation with orthopedic spine surgeon for cervical spine.There is a physician first report of occupational injury or illness dated 04/15/14 indicates that the patient complains of intermittent pain in the cervical spine rated 8/10 with headache radiating to the right greater than left. He also complains of low back pain rated 8-10/10 radiating to the left. There is drop foot noted. The provider recommends an MRI of the cervical and lumbar spine and medications.

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 x 14 days, full leg wrap purchase and universal therapy 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 Procedure summary last updated 03/12/2013; Frontera: Essentials of Physical Medicine and Rehabilitation 1st edition - Chapter 104 Deep Vein Thrombosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Continuous-flow cryotherapy.

Decision rationale: Per the MTUS ACOEM and the ODG Guidelines. The MTUS guidelines are silent on this specific issue but does state in the knee chapter of the ACOEM that at-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs can be used. The ODG guidelines state that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The documentation is not clear on why this cold therapy system is required. The documentation does not indicate a specific surgery that this is required for that is upcoming. The request exceeds the 7 day recommended rental. Without clarification of why this is required the request for Q tech cold therapy rental x 14 days, full leg wrap purchase and universal therapy wrap is not medically necessary.